

**TENANT INCOME CERTIFICATION QUESTIONNAIRE**

NAME:

TELEPHONE NUMBER:

\_\_\_\_\_

\_\_\_\_\_

Initial Certification

BIN # \_\_\_\_\_

Re-certification (Effective Date: \_\_\_\_\_)

Other (Type: \_\_\_\_\_)

Unit # \_\_\_\_\_

**INCOME INFORMATION**

YES NO

MONTHLY GROSS INCOME

YES	NO		MONTHLY GROSS INCOME (use <u>net</u> income from business)
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed. (List nature of self employment) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <b><u>Name of Employer</u></b>  1) _____  2) _____  3) _____	\$ _____  \$ _____  \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic Social Security (SS) payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____

<input type="checkbox"/> <input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we am currently receiving child support payments.  If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/> <input type="checkbox"/>	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we receive income from real or personal property.	<b>(use <u>net</u> earned income)</b> \$ _____

**ASSET INFORMATION**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a <b>checking account(s)</b> . If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a <b>savings account(s)</b> . If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a <b>revocable trust(s)</b> . If yes, list bank(s) 1) _____	_____%	\$ _____

<input type="checkbox"/> <input type="checkbox"/>	I/we own <b>real estate</b> . If yes, provide description: _____		\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we own <b>stocks, bonds, or Treasury Bills</b> . If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we have <b>Certificates of Deposit (CD) or Money Market Account(s)</b> . If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we have an <b>IRA/Lump Sum Pension/Keogh Account/401K</b> . If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we have a <b>whole life insurance policy</b> . If yes, how many policies _____		\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we have <b>cash on hand</b> .		\$ _____
<input type="checkbox"/> <input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/>	Student financial aid (public or private, not including student loans).		\$ _____

**STUDENT STATUS**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <b>full-time</b> students ( Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	<b>If you answered yes to either of the previous two questions, are you:</b> <ul style="list-style-type: none"><li>• Receiving assistance under Title IV of the Social Security Act (<b>AFDC/TANF</b>)</li><li>• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program</li><li>• Married and filing a joint tax return</li><li>• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual</li></ul>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

\_\_\_\_\_  
DATE