

# HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: \_\_\_\_\_

Unit: \_\_\_\_\_

**Certification Type:**

**Housing Program:**

\_\_\_\_\_ Move In/Initial Certification

\_\_\_\_\_ Low Income Housing Tax Credit (LIHTC)

\_\_\_\_\_ Re-certification

\_\_\_\_\_ HOME

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ BOND

\_\_\_\_\_ OTHER: \_\_\_\_\_

## I. HOUSEHOLD COMPOSITION

### THIS FORM SHOULD BE COMPLETED BY THE APPLICANT/TENANT ONLY \*\*

(Management should not complete this form)

- ❖ List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- ❖ For all LIHTC(Low Income Housing Tax Credit) Properties please list any Unborn children.
- ❖ List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.  
\*\* If assistance is needed a POA must be on file.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?
1.	<b>HEAD</b>			[ ] YES [ ] NO
2.				[ ] YES [ ] NO
3.				[ ] YES [ ] NO
4.				[ ] YES [ ] NO
5.				[ ] YES [ ] NO
6.				[ ] YES [ ] NO
7.				[ ] YES [ ] NO
8.				[ ] YES [ ] NO

Are any HH changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

Are any student changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

## II. STUDENT STATUS

Is every member of the household a FT student as defined above? • If NO continue to Section III • If YES please complete the following questions:	[ ] YES	[ ] NO
Does a student receive assistance under Title IV of the Social Security Act? (i.e. TANF or AFDC but not SS or SSI)?	[ ] YES	[ ] NO
Was a student previously a foster child?	[ ] YES	[ ] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[ ] YES	[ ] NO
Is a student married and eligible to file a joint tax return?	[ ] YES	[ ] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[ ] YES	[ ] NO
Are the minors in the household claimed as a dependent by a parent?	[ ] YES	[ ] NO

### **INCOME INSTRUCTIONS:**

- List gross amounts anticipated to be received in the 12 month period following move in or recertification \*\*
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions- Choose YES or NO

\*\* Some Programs do require Current Circumstances only. Please inquire with Management Staff

**III. HOUSEHOLD INCOME**

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or Pay from job	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
2. Overtime or Shift pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
3. Bonus/Commission/etc.	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
5. Seasonal/Sporadic work	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
6. Tips	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
7. Cash pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
8. Self Employment income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
9. Periodic Gift Income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
10. Non Cash contributions	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
11. Formal Child Support	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
12. Is Child Support awarded but not paid?	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
13. Informal Child Support	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
14. Formal Spousal Support	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
15. Is Spousal Support awarded but not paid?	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
16. Informal spousal support	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
17. Social Security	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
18. SSI	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
19. TANF, AFDC, etc.	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
20. Unemployment benefits	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
21. Worker's Compensation	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
22. Severance pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
23. Pension income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
24. Retirement acct payments	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
25. Investment acct payments	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
26. Annuity acct payments	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
27. Trust acct payments	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
28. Disability/Death benefits	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
29. Real Estate Rental income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
30. Student Financial Aid	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
31. Military pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
32. Veterans/VA income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
33. Gig income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
34. Cash App income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
35. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
35. Are any income changes expected in the next 12 months?						[ ] YES [ ] NO

**If YES please describe:**

**For each source of income checked YES above, please complete the following:**

Type of Income	HH Member	Name of Source

**IV. HOUSEHOLD ASSETS**

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
2. 2 <sup>nd</sup> Checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
3. Savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
4. 2 <sup>nd</sup> Savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$

5. Debit /direct deposit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
6. 2 <sup>nd</sup> Prepaid Debit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
7. Cash on Hand	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
8. Certificate of Deposit	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
9. Other Bank account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
10. Mutual Fund	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
11. Stocks	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
12. Portfolio/Brokerage	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
13. IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
15. Treasury Bills/Bonds	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
16. Company retirement acct	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
17. Annuity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
18. Pension	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
19. Revocable Trust	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
20. Life Insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
21. Real Estate equity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
22. Cash App Asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
23. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [ ] YES [ ] NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

**If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:**

Type of Asset:		Disposal Date:		Fair Market Value:		Amt Received:	
Type of Asset:		Disposal Date:		Fair Market Value:		Amt Received:	

**For each asset checked YES above, please complete the following:**

Asset Account #	HH Member	Name of Source

*Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.*

<b>Head of Household Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Co Head and/or Other Member Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Other Member Over 18 yrs old Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Other Member Over 18 yrs old Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Management Signature</b>	<b>Printed Name</b>	<b>Date</b>

