

HOUSEHOLD QUESTIONNAIRE

Certification Effective Date(s): _____	Household certifying for the following Program(s):	
Move-in: _____	<input type="radio"/> Section 8	
Initial Certification: _____	<input type="radio"/> Housing Tax Credit	
Re-Certification: _____	<input type="radio"/> HOME	Date & Time Rec'd: _____
Add a Member: _____	<input type="radio"/> Section 236	Rent Amount: \$ _____
	<input type="radio"/> Other	

Property Name _____	Unit Number _____
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HOUSEHOLD COMPOSITION

Applicants/residents, complete this questionnaire by yourself or a third party. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility questionnaire is being completed by an additional applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member 18 years or older and under 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this questionnaire.

All Low-Income Housing Program households must also complete a **Student Certification** annually. Multiple certifications may be required.

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT * IN THE PAST YEAR AND/OR THE UPCOMING CALENDAR YEAR? Yes/No	LAST FOUR NUMBERS OF SOCIAL SECURITY
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

*Include public and private elementary, junior and senior high, college, university, technical, trade and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME

List any income in the past 12 months, and any anticipated income beginning on the projected move-in date or effective date of re-certification for all household members. **Include all full-time, part-time or seasonal income, even if completing this application in the off-season. Include all sporadic gig income.**

Check **Yes** or **No** to **EACH** item, as applicable, and include gross monthly amounts. List sources on page 2.

YES	NO	Income Source	Gross Monthly Amount
		1.Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2.Is any member working for cash payments (babysitting, yard work, etc)	\$
		3.Income from Gig Driving (Uber, Lyft, GrubHub, UberEats, DoorDash, AmazonFlex, etc.)	\$
		4.Income from other Gig employment (Task Rabbit, OnlyFans, Twitch, etc)	\$
		5.Is anyone Self-Employed (hair dresser, nail technician, mechanic, etc.)	\$
		6.Regular pay for a member of the armed forces	\$
		7.Public Assistance (TANF, AABD, etc.)	\$
		8.Worker's Compensation	\$
		9.Unemployment benefits or severance pay	\$
		10.Student financial assistance (public or private, not including student loans)	\$
		11.Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
		12.Alimony/Spousal Maintenance	\$
		13.Social Security Income (including unearned income of minor children and disability)	\$
		14.Disability payments other than from Social Security Disability	\$
		15.Regular payments from pensions (PERA, railroad, etc.)	\$
		16.Regular payments from retirement benefits (including Required Minimum Distribution)	\$

HOUSEHOLD INCOME CONTINUED

YES	NO	Income Source	GROSS MONTHLY AMOUNT
		17.Regular payments from an insurance settlement, inheritance, lottery winnings, etc.)	\$
		18.Death Benefits	\$
		19.Regular payments from annuities or life insurance dividends	\$
		20.Net income from rental property	\$
		21.Regular cash and non-cash contributions, assistance with paying bills, gifts from individuals not living in the household (not including groceries)	\$
		22.Are any changes to income expected within the next 12 months due to a raise, bonus or other reasons?	
		23.Other (please describe)	\$

If you answered YES to Questions 2 – 5, you are required to make your tax returns for the prior two years available for verification of income.

HOUSEHOLD ASSETS

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		24.Checking Account(s) - How many? (six-month average balance[s])	\$
		25.Savings Account(s) - How many?	\$
		26.Peer-to-Peer Apps (PayPal, Venmo, Square Inc. Cash App, etc.)	\$
		27.Digital Payment Apps (Google Pay, Apple Pay, etc.)	\$
		28.Crypto Currency (Bitcoin, Ethereum, Ripple, Bitcoin Cash, EOS, Cardano, etc.)	\$
		29.Non-Fungible Tokens (NFT)	\$
		30.Debit Express Card or Pre-Paid Debit Card	\$
		31.Stocks	\$
		32.Capital Investments	\$
		33.Bonds or Treasury Bills	\$
		34.Trust(s)*	\$
		35.Securities	\$
		36.Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		37.401K*	\$
		38.IRA/KEOGH Account(s)	\$
		39.Certificates of Deposit (CDs) or Money Market Account(s)	\$
		40.Pension/Retirement/Annuity Account(s)	\$
		42.Safety Deposit Box	\$
		43.Lump Sum Payment (e.g., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		44.Are any accounts held jointly with someone not in the household? Which account and with whom?	\$
		45. Other	\$
SubTotal			

Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement or death. If you are unsure, list the account and it will be verified.

YES	NO		VALUE
		46.Do you now own or have you sold a home or other real estate in the past two years?	\$
		47.Do you receive payments for a home you sold by contract or for deed?	\$
		48.Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$
		49.Are any assets held jointly with another person? List person and asset(s).	\$
Enter Combined Cash Value of all household assets:			\$

DO NOT LEAVE THIS SECTION BLANK.

From the Income and Assets listed above, provide information for all items with a "YES" answer. All income information must be verified. Assets may also require verification.

(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name of income or asset source	Contact phone/fax/email

Please attach documentation available to verify income (e.g., child support papers, tax returns, social security benefit award letter(s), etc.).

I/We hereby certify that I/We Have Have Not (check one) sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold or disposed	Amount Received
			\$
			\$

CASH CONTRIBUTIONS – GIVEN AWAY IN THE PAST 24 MONTHS

YES	NO		Amount
		Have you or anyone in the household tithed money to a church?	
		Have you or anyone in the household given money to friends or family members?	
		Have you or anyone in the household paid tuition for a friend or family?	
		Have you or anyone in the household set up a non-revocable trust for the benefit of another person?	
SUBTOTAL:			

ADDITIONAL INFORMATION

The following questions pertain to every member of the household.
Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked **YES**

YES	NO	
		Will any household member, including children, live in the unit on a less-than-full-time basis?
		Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
		Does any adult member of the household have zero income? If yes, name(s): _____
		Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.)
		Does your household have any needs that might be better served by a unit which is accessible to persons with a disability?

SIGNATURES

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____