

Household Questionnaire

Household Income

Do you or any member of the household receive or expect to receive the following?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Wages, salaries (including overtime, tips, bonuses, commissions, etc.), including wages paid with cash?
<input type="checkbox"/>	<input type="checkbox"/>	2. Self-employment business income?
<input type="checkbox"/>	<input type="checkbox"/>	3. Social Security and/or S.S.I. Income (including amounts for minor children)?
<input type="checkbox"/>	<input type="checkbox"/>	4. If so, do you have a Direct Express Debit Card?
<input type="checkbox"/>	<input type="checkbox"/>	5. Food Stamps?
<input type="checkbox"/>	<input type="checkbox"/>	6. AFDC, TANF, AABD or any other public assistance benefits?
<input type="checkbox"/>	<input type="checkbox"/>	7. Child Support?
<input type="checkbox"/>	<input type="checkbox"/>	8. If so, do you receive payments regularly?
<input type="checkbox"/>	<input type="checkbox"/>	9. Alimony or spousal support?
<input type="checkbox"/>	<input type="checkbox"/>	10. Unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	11. Worker's compensation?
<input type="checkbox"/>	<input type="checkbox"/>	12. Trust fund, annuities and/or royalties?
<input type="checkbox"/>	<input type="checkbox"/>	13. Retirement and/or pension fund?
<input type="checkbox"/>	<input type="checkbox"/>	14. Military/Veteran's pension?
<input type="checkbox"/>	<input type="checkbox"/>	15. Cash or non-cash assistance for rent, groceries, utilities, clothing or household supplies from persons/sources outside the household?
<input type="checkbox"/>	<input type="checkbox"/>	16. Insurance or death benefits?
<input type="checkbox"/>	<input type="checkbox"/>	17. Income from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	18. Income from any Immigration agencies, such as World Relief Funds?
<input type="checkbox"/>	<input type="checkbox"/>	19. Any lump sum payments (inheritance, lottery, insurance settlement, capital gains)?
<input type="checkbox"/>	<input type="checkbox"/>	20. Income as a member of the Armed Forces whether or not the member is/isn't living in the household?

Household Assets

Do you or any member of the household have or expect to have the following?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking account?
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings account?
<input type="checkbox"/>	<input type="checkbox"/>	23. Money market funds and/or certificates of deposit?
<input type="checkbox"/>	<input type="checkbox"/>	24. Stocks, bonds, treasury bills and/or certificates?
<input type="checkbox"/>	<input type="checkbox"/>	25. IRA, 401k, Keogh or any other retirement account?
<input type="checkbox"/>	<input type="checkbox"/>	26. Interest in real estate or capitol investments?
<input type="checkbox"/>	<input type="checkbox"/>	27. Irrevocable or revocable trust?
<input type="checkbox"/>	<input type="checkbox"/>	28. Personal property held as an investment?
<input type="checkbox"/>	<input type="checkbox"/>	29. Assets held jointly with another individual who is not part of the household?
<input type="checkbox"/>	<input type="checkbox"/>	30. Cash held (safety deposit box, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	31. Have you or any household member disposed of assets totaling more than \$1,000 during the last two years?
If yes, please explain: _____		
Dates Assets were disposed of? _____ Amount received for Asset? _____		
The Asset's market value at the time of disposition? _____		

Household Deductions and Allowances

Do you or any member of the household have or expect to have the following?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Child Care Expenses
<input type="checkbox"/>	<input type="checkbox"/>	32. Do you pay for Child Care for Children under 13 years of age, while working or attending school?
<input type="checkbox"/>	<input type="checkbox"/>	33. Are any of these child care costs reimbursed by agencies, family/friends or children's other parent?
<input type="checkbox"/>	<input type="checkbox"/>	Medical Expenses
<input type="checkbox"/>	<input type="checkbox"/>	34. If you are 62 or older, handicapped or disabled, and anticipate un-reimbursed medical or disability expenses, please list them below:
<input type="checkbox"/>	<input type="checkbox"/>	Medicare?
<input type="checkbox"/>	<input type="checkbox"/>	Hospitals?
<input type="checkbox"/>	<input type="checkbox"/>	Doctors?
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy?
<input type="checkbox"/>	<input type="checkbox"/>	Dentists?
<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Plans?
<input type="checkbox"/>	<input type="checkbox"/>	Disability/Handicapped Aparatus Expense?

Additional Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	35. Are any household members temporarily absent?
<input type="checkbox"/>	<input type="checkbox"/>	36. Will any household member, including children, live in the unit on a less than full-time basis?
<input type="checkbox"/>	<input type="checkbox"/>	37. Are there any students in the household that are 18 years or older enrolled in an institution of higher education?

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation of information on this form might result in a default of the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify management immediately.

Resident/Applicant Signature:

Date: