

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____ Unit: _____

Certification Type:

Move Initial Certification

Re-certification

Other: _____

Housing Program:

Low Income Housing Tax Credit

HOME

Other: _____

Relationship To Project Owner: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- 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.
- Do not include minors who will be present less than 50% of the time.
- 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.

| HOUSEHOLD MEMBER NAME | RELATIONSHIP | DOB | SSN | FT STUDENT? | Verified (Y/N) |
|-----------------------|--------------|-----|-----|----------------|----------------|
| 1. | HEAD | | | [] 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

| | [] YES [] NO | Verified (Y/N) |
|---|----------------|----------------|
| Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> • 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 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 from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

III. HOUSEHOLD INCOME

Use an extra copy of pages 2 and 3 as needed if more than 2 members have income or assets

| Type of Income | Head of Household | | | Co Head and/or Other Member | | | Verified (Y/N) |
|--|--|--------|-----------|--|--------|-----------|----------------|
| | Check One | Amount | Frequency | Check One | Amount | Frequency | |
| 1. Salary or pay from job | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 2. Overtime or shift pay | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 3. Bonus/commission/etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 4. Do you have a 2 nd job? | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 5. Seasonal/sporadic work | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 6. Tips | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 7. Cash pay | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 8. Self employment income | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 9. Periodic gift income | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 10. Non cash contributions | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 11. Formal child support | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 12. Is child support awarded but not paid? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 13. Informal child support | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 14. Formal spousal support | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 15. Is spousal support awarded but not paid? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 16. Informal spousal support | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 17. Social Security | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 18. SSI | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 19. TANF, AFDC, etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 20. Unemployment benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 21. Worker's compensation | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 22. Severance pay | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 23. Pension income | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 24. Retirement acct payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 25. Investment acct payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 26. Annuity acct payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 27. Trust acct payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 28. Disability/death benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 29. Real estate rent income | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 30. Student financial aid | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 31. Military pay | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 32. Veterans/VA income | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 33. Other income: | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 34. Other income: | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | | |
| 35. Are any income changes expected in the next 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe: | | | | | | |

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

| Income # | HH Member | Name of Source | Address/Phone/Email | Verified (Y/N) |
|----------|-----------|----------------|---------------------|----------------|
| | | | | |
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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
- Do not list assets that are not accessible to the family

| Type of Asset | Head of Household | | Co Head and/or Other Member | | Verified (Y/N) |
|---|--|------------------|--|------------------|----------------|
| | Check One | Apprx Cash Value | Check One | Apprx Cash Value | |
| 1. Checking account | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 2. 2 nd checking account | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 3. Savings account | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 4. 2 nd savings account | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 5. Debit card | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 6. 2 nd debit card | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 7. Cash on hand | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 8. Certificate of Deposit | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 9. Other bank account | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 10. Mutual Fund | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 11. Stocks | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 12. Portfolio/brokerage | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 13. IRA/401K/etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 14. 2 nd IRA/401K/etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 15. Treasury bills/bonds | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 16. Company retirement acct | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 17. Annuity | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 18. Pension | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 19. Revocable trust | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 20. Life insurance (not term) | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 21. Real estate equity | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 22. Other asset | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 23. Other asset | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | |
| 24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 25. Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| <i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i> | | | | | |

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

| Asset # | HH Member | Name of Source | Address/Phone/Email |
|---------|-----------|----------------|---------------------|
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| | | | |

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.

Head of Household Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Management Signature

Date