Household Questionnaire

Certification Effective Date:	Household certifying for the following program(s):	Date and Time Rec'd: _____
* Move-in _____ _____	* Section 8	Rent Amount: $____ __ _____
* Initial Cert _____ _____	* Housing Tax Credit	
* Recertification _____ _____	* HOME	
* Add a Member _____ _____	* Section 236	
	* Other ___ _____ _____	

Property Name_____ _____ _____ _____ _____ Bldg/Unit # _____

Household Composition

Applicants/residents, complete this application in your own handwriting. 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 application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

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

Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check **YES or NO** to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	$
		2. Does any member work for someone who pays them in cash or is self-employed	$
		3. Regular pay for a member of the armed forces	$
		4. Public Assistance (MFIP, GA)	$
		5. Worker's compensation	$
		6. Unemployment benefits or severance pay	$
		7. Student financial assistance (public or private, not including student loans)	$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	$
		9. Alimony/Spousal Maintenance	$
		10. Social Security income (including unearned income of minor children)	$
		11. Disability benefits including social security disability	$
		12. Regular payments from pensions (PERA, railroad, etc.)	$
		13. Regular payments from retirement benefits	$
		14. Death Benefits	$
		15. Regular payments from annuities or life insurance dividends	$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	$
		17. Net income from rental property	$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries)	$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	$
		20. Other (list) ____ _____ _____ _____ _____ _____ _____ _____	$

Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
		21. Checking Accounts . . . . . (6 month average balance)	$
		22. Savings Accounts	$
		23. Cash cards used to receive government benefits or other income	$
		24. Capital Investments	$
		25. Bonds	$
		26. Trusts*	$
		27. Securities	$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	$
		29. 401K*	$
		30. IRA/KEOGH Accounts	$
		31. Certificates of Deposit	$
		32. Pension/Retirement/Annuity accounts	$
		33. Money Market Funds	$
		34. Treasury Bills	$
		35. Stocks	$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains).	$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
		38. Other _____	

*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
		39. Do you now own a home or other real estate? . . . . . If yes, list address(es): _____	$
		40. Do you receive payments for a home you sold by contract for deed?	$
		41. 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)?	$
		42. 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 **1-42, income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (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 and mailing address of income or asset source	Contact name and phone/fax number

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

Deductions and Allowances
For Section 8/236 HUD programs **only**

A. **Day Care** — Amount

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? ☐ Yes ☐ No $_____

If yes, name and address of provider _____

$_____ paid per month. Is any portion paid by another person or agency? ☐ Yes ☐ No

If yes, name and address of provider _____

Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work? ☐ Yes ☐ No $_____

If yes, name and address of provider _____

$_____ paid per month. Is any portion paid by another person or agency? ☐ Yes ☐ No

If yes, name and address of provider _____

B. **Medical** – Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.

Do you have Medicare? ☐ Yes ☐ No $_____

Do you have any other kind of medical insurance? ☐ Yes ☐ No $_____

If yes, name and address of insurer _____

Do you receive medical assistance? If yes, do you have a monthly spend-down? ☐ Yes ☐ No $_____

Do you pay for prescription medication? ☐ Yes ☐ No $_____

Name and address of pharmacy:_____

Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)? ☐ Yes ☐ No $_____

Do you have any outstanding medical bills on which you are paying? ☐ Yes ☐ No $_____

If yes, indicate the types of bills owed:_____

Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense: ☐ Yes ☐ No $_____

Name and facility where this can be verified:_____

Doctor's name and address:_____

Please bring receipts for your non-prescription medication.

I/We hereby certify that I/We ☐Have ☐Have not 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 and Estimated Market Value	Date sold/disposed	Amount Received
			$
			$

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 mobility, hearing or visual impairments?

Explanation:

_____

_____

SIGNATURES

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 on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ **Date:** _____