

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

TO BE COMPLETED BY EACH ADULT APPLICANT.

NAME: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Initial Certification

BIN # \_\_\_\_\_

Re-certification

Unit # \_\_\_\_\_

Other

Most Recent Federal Income Tax Return Attached

INCOME INFORMATION		MONTHLY GROSS INCOME
YES NO		
1. <input type="checkbox"/> <input type="checkbox"/> If yes, use C266 XX	I am self employed. (List nature of self employment)	(use net income from business) \$ _____
2. <input type="checkbox"/> <input type="checkbox"/> CA & OR If yes, use TCOR003c ID If yes, use TCID003c ID	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: Name of Employer: a) _____ b) _____ c) _____	\$ _____ \$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive cash contributions -- including but not limited to gifts, recurring financial assistance both monetary and non-monetary, or assistance in meeting my financial obligations for expenses such as rent, utilities, car payments, fuel, insurance or the payment of accumulated debts, on an on-going basis from persons not living with me.	\$ _____
4. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive unemployment benefits.	\$ _____
5. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6. <input type="checkbox"/> <input type="checkbox"/> If yes, use C302 XX	I receive periodic social security payments.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/> If yes, use C302 XX	I receive Supplemental Security Income (SSI).	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive disability or death benefits other than Social Security.	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive Public Assistance Income (examples: TANF, AFDC)(example: Social Security, Trust Fund disbursements, etc.).	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/> If yes, use C385 CA & C386 CA <input type="checkbox"/> <input type="checkbox"/> If yes use C385 CA & C386 CA <input type="checkbox"/> <input type="checkbox"/> If yes, use C385 CA & C386 CA If no to all, use C385XX	I am entitled to receive child support payments.  I am currently receiving child support payments. If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	\$ _____ \$ _____
12. <input type="checkbox"/> <input type="checkbox"/> If yes, use C300 XX	I receive alimony/spousal support payments.	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive periodic payments from: trusts; annuities; inheritance; retirement funds or pensions; insurance policies; lottery winnings; or other accounts receivable, including debts I am owed from persons not living with me: If yes, list sources: a) _____ b) _____	\$ _____ \$ _____
14. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304 XX	I receive income from real or personal property.	(use net earned income) \$ _____
15. <input type="checkbox"/> <input type="checkbox"/> If yes, use C429 XX	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received	\$ _____

ASSET INFORMATION		INTEREST RATE	CASH VALUE
YES NO			
16. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX If no, use C341 XX	I have a checking account(s) (6 month average daily balance must be verified). If yes, list bank(s): a) _____ b) _____	_____% _____%	6 month average \$ _____ \$ _____
17. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX If no, use C341 XX	I have a savings account(s) (Current balance must be verified). If yes, list bank(s): a) _____ b) _____	_____% _____%	current value \$ _____ \$ _____

18. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX	I have a revocable trust(s). If yes, list bank(s): a) _____	_____ %	\$ _____
19. <input type="checkbox"/> <input type="checkbox"/> If yes, use C305 XX	I own real estate. If yes, provide description: _____	_____ %	\$ _____
20. <input type="checkbox"/> <input type="checkbox"/> If yes, use C305 XX	I own stocks, bonds or Treasury Bills If yes, list sources/bank names: a) _____ b) _____ c) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names: a) _____ b) _____ c) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s): a) _____ b) _____	_____ % _____ %	\$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: a) _____ b) _____		\$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 XX	I have income from assets or sources other than those listed above. If yes, list type below a) _____ b) _____		\$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/> If yes, use TCOR006c XX	Based on my answers above, I believe I have assets with a combined value of less than \$5,000. By initialing the 'yes' box, I agree to complete the "Under \$5,000 Asset Certification Form". (Not applicable to HUD properties)		

**STUDENT STATUS**

	<b>YES</b>	<b>NO</b>	
28. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, (trade school, etc.)?)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - <b>not</b> SSA/SSI)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (age 18-24)

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

\_\_\_\_\_  
DATE