

**CALIFORNIA QUESTIONNAIRE**  
**TENANT INCOME CERTIFICATION QUESTIONNAIRE**

*One Form per Adult Member of the Household* - 18 must complete this form

<b>NAME:</b> Babe Cakes	<b>TELEPHONE NUMBER:</b> ( ) 555-123-1234
<input type="checkbox"/> <b>Initial Certification</b> Move-in Certs	
<input type="checkbox"/> <b>Re-Certification</b> Check box if recertification Cert	<b>Unit #</b> 115
<input type="checkbox"/> <b>Other</b>	
<input type="checkbox"/> I am a new household member who has occupied/will occupy unit on:	New occupants move-in DATE

**INCOME INFORMATION**

**MONTHLY GROSS INCOME**

	<b>Yes</b>	<b>No</b>		
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am self-employed ( <i>list nature of self employment</i> ) <small>Self employed is income earned that is NOT on a W2. "NET INCOME" is used to calculate income                      Examples- 1099, cash income, Uber, Instra Cart, Gig work                      *List "legal name of Business" on the Tax Forms</small>	(use adjusted net income for self-employment only) \$ Estimate monthly Income
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation:  List the businesses and/or companies that pay you:  <u>Name of Employer:</u> 1. Cupcake House Inc, DBA Cake House 2. TIP- List legal name of employer that is shown on the paystub. Earned income is often 3. referred to as a W2 employee	\$ 1000.00
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. If YES will need verified. Examples- Gifts, bank statement deposits, family support.	\$ 200.00
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.  <small>*EDD- Unemployment Benefits will need verified if marked YES, or was employed in the previous 12 mths</small>	\$ 400.00
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income  <small>If YES, request "current" benefit letter. List the "gross" amount show on the benefit Letter</small>	\$ 909.00
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive Social Security payments.  <small>If YES, request a "current" SS Award Letter. List the "gross" monthly income</small>	\$ 798.76
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ 436.23
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI)  <small>SSI benefits - List the "gross" monthly amount on the benefit letter</small>	\$ 123.66

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**Yes** **No**

9.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I receive Public Assistance Income (examples: TANF, CalWorks, CAPI, AFDC, GA/GR)  <i>*Do not include CalFresh, SNAP, Food Stamps</i>	\$ _____
11.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  n/a  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	I am entitled to receive child support payments (court ordered or parental agreement) <i>*Court order, written agreement or Child Support Enforcement order</i>  I am currently receiving child support payments If yes, from how many persons do you receive support? <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> <i>Number of children who receive this support</i>  I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made: Cupcake County Child support <i>*Often is the states Child Support Enforcement, Court order or mutual agreement</i>	Total amount of support received:  \$ 100.00
12.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  n/a  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	I am entitled to receive alimony or spousal support payments (court ordered or divorce agreement) <i>*Court order or written agreement</i>  I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? <i>Number of persons who receive this support</i> _____  I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made: <i>List efforts taken to collect</i> _____ _____ _____	Total amount of support received:  \$ _____
13.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources: _____ _____	\$ _____ \$ _____

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**Yes** **No**

14.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive income from real or personal property. If payments from a sale are being received - written contact is required	(use net earned income) \$ _____
15.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive student financial aid (public/private, exclude loans) Subtract cost of tuition from aid received If YES must verify "student status". If "Section 8 FUNDS" enrollment & financial aid statement is required * For households receiving Section 8 assistance only	\$ <u>N/A</u>
16.	<input checked="" type="checkbox"/> <input type="checkbox"/>	Are any of the above noted income sources (including Social Security, wages, unemployment, public assistance, disability, etc.), currently being received as a Debit Visa or MC?	List Income Source: If 16 is YES, 20 is YES <u>SS/SSI</u>
17.	<input type="checkbox"/> <input checked="" type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

## ASSET INFORMATION

**Yes** **No**

**Interest Rate**

**Current Value**

18.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1. <u>BofA</u> 2. _____	Write in a rate or ZERO if unknown <u>0</u> % _____ %	\$ <u>25.00</u> \$ _____
19.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1. <u>BofA</u> 2. _____	Write in a rate or ZERO if unknown <u>0.10</u> % _____ %	\$ <u>5.00</u> \$ _____
20.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC ZERO Balance Assets are still entered in Yardi		Current Balance: If 20 is YES, 16 is YES \$ <u>0.00</u>
21.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc.  Source: <u>PayPal</u> <u>Venmo</u>	Examples- Venmo Cash App, PayPal, Apple Pay ect	\$ <u>1.00</u> \$ <u>0.00</u>

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	Yes	No		Interest Rate	Current Value
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a <b>revocable trust(s)</b>  If yes, <b>list bank(s)</b> 1. _____ 2. _____	_____ % _____ %	\$ _____ \$ _____
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I <b>own real estate.</b> If yes, provide description: 1. <b>Example- Primary home</b> 2. _____	If YES -Zillow market value printout & current loan statement are required	Zillow Value (-) Loan Balance (-) Realtor Commission 6% = Asset Value (\$) \$ <b>29,000.00</b> \$ _____
24.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I own <b>crypto currency</b> such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. <b>Entity Name</b> 2. _____	<b>Average Change</b> <b>over a 3 month</b> <b>period:</b> _____ % _____ %	\$ _____ \$ _____
25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I own <b>stocks, bonds,</b> or treasury bills. If yes, list sources/bank names 1. <b>Entity Name</b> 2. _____	<b>Rate of return or</b> <b>3 month average:</b> _____ % _____ %	\$ _____ \$ _____
26.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have <b>Certificates of Deposit (CD)</b> or Money Market account(s). If yes, list sources/bank names 1. <b>List Source &amp; Entity/Bank Name</b> 2. _____	_____ % _____ %	\$ _____ \$ _____
27.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have an <b>IRA, lump sum pension,</b> Keogh account, or 401K. If yes, list bank(s): 1. <b>Cake Investments</b> 2. _____	<b>0</b> % _____ %	\$ <b>10,005.36</b> \$ _____
28.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a <b>life insurance policy</b> with a <b>cash/surrender value.</b> <span style="color: red; font-size: small;">TERM Life- No</span> <span style="color: red; font-size: small;">WHOLE Life- YES</span> <span style="color: red; font-size: small;">Only list policies with a CASH/Surrender value</span> If yes, how many policies? <span style="color: red; font-size: small;">How many</span> _____		\$ _____
29.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have <b>disposed of assets (i.e. gave</b> <b>away money/assets)</b> for less than the <b>fair market value</b> in the <b>last 2 years.</b> If yes, list <b>items and date disposed:</b> 1. _____ 2. _____		\$ _____ \$ _____

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

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30.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have cash on hand in excess of \$250.	\$ _____
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Often NO

**Yes No STUDENT ELIGIBILITY**

<input type="checkbox"/> <input checked="" type="checkbox"/>	I am a part-time student
<input type="checkbox"/> <input checked="" type="checkbox"/>	I am a full-time student <i>(Example: K-12, College, Trade School, etc.)</i>
<input type="checkbox"/> <input checked="" type="checkbox"/>	Does the <b>entire</b> household consist of people who are currently <b>full-time</b> students?
<input type="checkbox"/> <input checked="" type="checkbox"/>	Does the <b>entire</b> household consist of people who are either currently a full time student or were a <b>full-time student for 5 months</b> or more in the current calendar year?
<input type="checkbox"/> <input checked="" type="checkbox"/>	Does your household <b>anticipate becoming an all full-time</b> student household in the next 12 months?

**Yes No If you answered yes to any of the previous 5 questions, are you:**

<input type="checkbox"/> <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act <i>(AFDC, TANF, CalWorks - not SSA/SSI)</i>
<input type="checkbox"/> <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/> <input type="checkbox"/>	Married and filing <i>(or are entitled to file)</i> a joint tax return <i>(please provide copy of marriage certificate or tax return)</i>
<input type="checkbox"/> <input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/> <input type="checkbox"/>	Previously enrolled in the Foster Care Program <i>(currently age 18-24)</i>

**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