Oregon Questionnaire

APPLICANT/TENANT OUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire. This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you. Unit #: 115 Applicant/Tenant Name: Justin Beber Property: Rockstar Estates I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business. I am married and file a joint tax return. Full-Time School Name: Mount Hood College I am a Student: Part-Time INCOME Applicant/Tenant Estimated Gross Monthly Income from all sources: \$ 2000.00 I am employed and receive wages. I am employed at more than one job? Yes # _____ No Requires EV I receive income from: (Tips: \$_____/Week) - (Commissions: \$_____/Month) - (Bonuses: \$_____/Year) I am Self-employed or own a business. Type of business: I have secured new employment and will begin working on: I am on a leave of absence from work. If 'Yes", for how long: Start date: _____ End date: ____ I receive income from Unemployment Worker's Compensation Disability Compensation Severance I receive/ am entitled to receive Child Support and/or Alimony payments. Requires verification I receive Veteran's Benefits (VA). I receive Social Security (SS) Supplemental Security (SSI) Social Security Disability (SSD) I receive rental assistance such as Section 8, RD Other: I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: I receive income from a household member/s temporarily absent from the unit. I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: I receive periodic payments from family, friends or Other: I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits. I have other forms of income not specified above. Source: ______\$ Per month. ASSETS YES NO I have # 1 Checking account(s): List Bank(s): BofA I have # 1 Savings account (s): List Bank(s): BofA I have # _____ Money Market account(s) List Bank(s): _____ I own # Certificate (s) of Deposit: List Bank(s): I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____ I have investments in Stocks, Bonds, Treasury bills and/or mutual funds. I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them. I own Real Estate. I owe/pay a mortgage on this property: \(\subseteq \text{No} \subseteq \text{Yes} \) Owe: \(\subseteq \subseteq \text{Owe:} \) I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage. I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract). I have a Life Insurance Policy (exclude Term Life). I hold personal property as an investment (Coin collections, gems, antique cars, etc.). I have other forms of assets not specified above. Source: I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years. I have cash—on-hand. The amount is: \$ Total household assets are: Over \$5,000 -OR-XUnder \$5,000. Under penalty of perjury, I certify that the information provided in this certification is true and correct 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 may result in the termination of a lease agreement.

Signature of Applicant/Tenant Date NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the

OHCS Programs Applicant/Tenant Questionnaire (5/2017)