

**TENANT INCOME CERTIFICATION QUESTIONNAIRE**

*One Form per Adult Member of the Household*

NAME: **Babe Cakes** Each member over 18 must fill out this form Telephone Number **555-123-1234**

Initial Certification MI Certs **BIN # Building Identification #**

Re-certification Annual Certs **Unit # 115**

Other

INCOME INFORMATION		MONTHLY GROSS INCOME
YES	NO	
1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C266	I am self-employed. (List nature of self employment) TIP- Self-Employment use NET Income <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</small>	(use net income from self-employment only) \$1550.00 \$ _____
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CA & OR If yes, use OR003c ID If yes, use ID003c 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: TIP- Often Referred to as a W2 Employee, use GROSS Income Name of Employer: List Legal Name of Employer 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, use C304	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. If YES, requires verification	\$ 200.00
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	I receive unemployment benefits.	\$ _____
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, use C302	I receive periodic social security payments. If YES, requires a "current" Award Letter	\$ 870.30
7. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, use C302	I receive Supplemental Security Income (SSI). If YES, requires a "current" Award Letter	\$ 230.70
9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	I receive disability or death benefits other than Social Security.	\$ _____
10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes use C385 CA & C386 CA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes use C385 CA & C386 CA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes use C385 CA & C386 CA If no to all use C385	I am entitled to receive child support payments. If YES, requires 3rd party verification from Child Support Enforcement I am currently receiving child support payments. If yes, from how many persons do you receive support? <u>1</u> How many persons / cases are paying support I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: Child Support Enforcement _____	\$ 250.00 \$ _____
12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C300	I receive alimony/spousal support payments.	\$ _____
13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C304	I receive income from real or personal property.	(use net earned income) \$ _____
15. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, use C429	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received *For Households receiving Section 8 Assistance Only	\$ _____

ASSET INFORMATION		INTEREST RATE	CASH VALUE
YES	NO		
16. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, use C301 If no, use C341	I have a checking account(s). If yes, list bank(s): 1) BofA 2) _____	0 % _____ %	\$ 5.00 \$ _____
17. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, use C301 If no, use C341	I have a savings account(s). If yes, list bank(s): 1) BofA 2) _____	_____ % 0.10 %	\$ _____ \$ 5.00

18.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list source(s) of income being received/type of account(s) 1) <u>SS/SSI- Visa Card</u> 2) _____ 3) _____	Requires Asset balance verification for HOME, RD, HUD. Copy of ATM balance receipt or screen shot of asset balance	\$ <u>5.00</u> \$ _____ \$ _____
19.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s): 1) _____	_____ %	\$ _____
20.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I own stocks, bonds or Treasury Bills If yes, list sources/bank names: 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names: 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
23.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. Copy of most recent statement required If yes, list bank(s): 1) <u>Cake Investments</u> 2) _____	<u>0</u> % _____ %	\$ <u>7123.60</u> \$ _____
24.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies <u>1</u> Copy of policy required		\$ <u>10,000.00</u>
25.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ <u>300.00</u>
26.	<input type="checkbox"/> <input checked="" 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: 1) _____ 2) _____		\$ _____ \$ _____
27.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below 1) _____ 2) _____		\$ _____ \$ _____
28.	<input checked="" type="checkbox"/> <input type="checkbox"/>	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**

		YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Does the household consist of all persons who are full-time students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Does the household consist of all persons who have been a full-time student 5 months in the current calendar year?
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Does the household have any members that are part-time students?
<input type="checkbox"/>	<input type="checkbox"/>			If you answered yes to any of the previous four questions are you:
<input type="checkbox"/>	<input type="checkbox"/>			• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<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"/>			• Married and filing (or are entitled to file) a joint tax return
<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"/>			• 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/OUR 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	

## MISCELLANEOUS EXEMPTIONS - FOR RURAL DEVELOPMENT & HUD PROPERTIES ONLY

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) DO YOU <b>PAY DAYCARE</b> FOR CHILDREN UNDER 13 OR DAYCARE FOR A DISABLED HOUSEHOLD MEMBER OVER AGE 13 TO ALLOW YOU TO WORK, ATTEND SCHOOL FULL-TIME OR LOOK FOR WORK?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) IF PAYING DAYCARE, <b>IS THERE ANOTHER PERSON IN THE HOUSEHOLD OVER 18 THAT IS AVAILABLE</b> TO WATCH THE INDIVIDUAL RECEIVING THE CARE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) IS THE <b>HEAD OF HOUSEHOLD, SPOUSE OR ADULT CO-TENANT OVER 62</b> , HANDICAPPED OR DISABLED?
<b>If question "c" above was answered "Yes", please continue. If "No", please skip to the signature section below. If Elderly and/or Disabled ONLY proceed</b>		

**WILL YOU SPEND MONEY ON ANY OF THE FOLLOWING ITEMS FOR YOURSELF OR YOUR DEPENDENTS DURING THE UPCOMING TWELVE (12) MONTHS?**  
(Do not say "yes" if insurance or any other person pays for the item)

YES	NO	
29. <input type="checkbox"/>	<input checked="" type="checkbox"/>	a) HEARING AID AND BATTERIES
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) GLASSES OR CONTACT LENSES
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c) EYE EXAMS
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) DENTURES
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e) DENTIST EXPENSES - <b>HOW MANY DENTISTS?</b>
If yes, use C303		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f) DOCTOR EXPENSES - <b>HOW MANY DOCTORS?</b> 2- List each Clinic name. Copy of paid invoice required
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g) HOSPITAL EXPENSES
If yes, use C303		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	h) PRESCRIPTIONS - <b>HOW MANY PHARMACIES?</b> 2- List each Pharmacy Name. Request verification 3rd party with dated range specified
If yes, use C303		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	i) <b>MEDICAL INSURANCE PREMIUMS</b> - # OF PROVIDERS? Often YES- Medicaid is often deducted from SS benefits
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	j) IN-HOME CAREGIVERS, SENIOR AND DISABLED SERVICES, ETC.
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	k) FOOD & VITAMIN SUPPLEMENTS SUCH AS ENSURE, SUSTACAL, ETC.
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	l) CO-PAYS ON DOCTOR VISITS
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	m) UNDER GARMENTS SUCH AS ATTENDS OR POISE, ETC.
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	n) MILEAGE TO AND FROM MEDICAL APPOINTMENTS AND FACILITIES - <b>PAID AT \$ _____ PER MILE</b>
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	o) COST OF SPECIAL EQUIPMENT OR ITEMS A PHYSICIAN REQUIRES YOU TO HAVE
If yes, use C303		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	p) <b>OVER THE COUNTER MEDICATIONS OR SUPPLIES</b> , SYRINGES, PAINKILLERS, ETC. OTC required letter from Doctor listing items
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	q) COSTS RELATED TO MAINTAINING AN ASSISTANCE/COMPANION ANIMAL
If yes, use C303		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	r) <b>MEDICARE PLAN D PAYMENTS</b> Requires 3rd party verification or verification/proof of payments
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	s) MONTHLY PAYMENTS ON ACCUMULATED MAJOR MEDICAL BILLS.
If yes, use C303		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	t) SPOUSE'S OR CHILDREN'S NURSING HOME CARE EXPENSES PAID FROM YOUR HOUSEHOLD'S INCOME.
If yes, use C303		

I UNDERSTAND THAT CAMBRIDGE REAL ESTATE SERVICES IS RELYING UPON THIS INFORMATION PURSUANT TO THE REQUIREMENTS OF HUD, RURAL DEVELOPMENT OR THE IRS SECTION 42 TAX CODE GOVERNING THIS APARTMENT COMMUNITY.

I UNDERSTAND THAT IF THERE IS MATERIAL MISREPRESENTATION, MY APPLICATION COULD BE DENIED OR MY RENT COULD BE RAISED TO MARKET RATE OR MY TENANCY POSSIBLY TERMINATED. I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

