

## INTERVIEW CHECKLIST

Complex Code \_\_\_\_\_

Date \_\_\_\_\_

A personal interview is required in order to process an applicant for tenancy. This interview checklist will be used to document any changes in income and household composition since the submission of the application. All questions will be asked during the interview with the applicant(s) required to sign this form at the end of the interview. **All questions MUST be answered. Do not leave any blanks.**

This application is listed with \_\_\_\_\_ As head of household.

Is that correct?     Yes     No

|      | Name | Relationship to head | Birth Date | Age (optional) | Student Y/N |
|------|------|----------------------|------------|----------------|-------------|
| Head |      | Self                 |            |                |             |
| Co-H |      |                      |            |                |             |
| 3.   |      |                      |            |                |             |
| 4.   |      |                      |            |                |             |
| 5.   |      |                      |            |                |             |
| 6.   |      |                      |            |                |             |
| 7.   |      |                      |            |                |             |
| 8.   |      |                      |            |                |             |

|  |
|--|
| Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b><i>If yes, explain:</i></b>   |
| Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b><i>If yes, explain:</i></b>   |
| Is there anyone not listed above who would normally live with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <b><i>If yes, explain:</i></b>   |

Is this the entire household to occupy the unit?     Yes     No

Will all listed minors live in the unit at least 50% of the time?     Yes     No

***If no, please explain:*** \_\_\_\_\_

As site/resident manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly?     Yes     No

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application?     Yes     No

Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes  No

If yes, please explain: \_\_\_\_\_

If yes, answer the following questions:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Workforce Investment Act?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the full-time student a Title IV/TANF recipient?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the full-time student a single parent living with his/her minor child and the parent is not a dependant on another's tax return and the children are dependents only of a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the full-time student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

|  |                              |                             | Head of Household | Other Household Member |
|--|------------------------------|-----------------------------|-------------------|------------------------|
| Social Security?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| SSI?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Scheduled payments from Pension/Annuity/Investment/Retirement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Veterans Benefits?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Disability?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Unemployment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Workman's Comp?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| TANF/Public Assistance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Employment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Do you receive Alimony?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Are you entitled to receive Alimony?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Do you receive Child Support?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Are you entitled to receive Child Support?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Military Pay?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Net Income from Business?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Contributions (monetary or not) from Friends/Relatives/Etc?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Income from Assets?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Other Income?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| Long Term Medical Care Insurance Payments in excess of \$180/day | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |
| **Grants or Scholarships?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$                |                        |



[\*\*Amounts received which exceed the cost of tuition may have to be counted in total income]

Do you file Income Tax returns?  Yes  No

Please list total household income for previous year. \$ \_\_\_\_\_ (Do not leave this blank)

If this differs from current year, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 1?  Yes  No

If yes, please explain: \_\_\_\_\_

Is any member of the household expecting any changes to their current income information in the next 12 month (seeking employment, child support, expecting a promotion etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

**Do you or a family member have any of the following assets?**

|                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| Checking or Direct Deposit Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Savings Accounts                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificates of Deposit             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IRA                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Retirement Funds              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Stocks or Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mutual Funds    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trust Accounts  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Life Insurance  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real Estate     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Real Estate is owned, is it for sale?  Yes  No Rented?  Yes  No Sold?  Yes  No

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.)  Yes  No

Please explain: \_\_\_\_\_

Other Current Assets (Cash, etc.?)  Yes  No

Please explain: \_\_\_\_\_

Have any assets been disposed of within the past two years?  Yes  No

Please explain if any of the above assets are, or have been, held jointly: \_\_\_\_\_

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on page 1?  Yes  No

If yes, describe: \_\_\_\_\_

Compare income sources and amounts listed on the application to those listed on this interview and clarify any differences. \_\_\_\_\_

Compare asset sources and amounts listed on the application to those listed on this interview and clarify any differences. \_\_\_\_\_



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Do you rent or own?    Rent    Own   How long lived there? \_\_\_\_\_

If currently a homeowner, have you given credit references inclusive of mortgage lender?    Yes    No

Give a current or previous landlord \_\_\_\_\_

Are you currently under eviction or have you ever been evicted?    Yes    No

If so, why:

If the tenant or co-tenant is under the legal age of 18, have they provided proof of emancipation?    Yes    No

Thank you for answering all of the above questions. You must now sign all required verification release forms. Once we have completed processing all paperwork, you will receive notice in writing of selection, rejection or waiting list status.

**Certification by Applicant(s)**

I/We certify that all questions on this interview checklist have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this checklist. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information will lead to cancellation/rejection of my/our application.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager/Owner)

\_\_\_\_\_  
Date