**HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

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| Property Name: | |  | | |  | Unit: | |  | | | |
|  |  | *Certification Type:* | | |  |  | | *Housing Program:* | | | |
|  |  | Move Initial Certification | | |  | |  | Low Income Housing Tax Credit | | | |
|  |  | Re-certification | | |  | |  | HOME | | | |
|  |  | Other: |  | |  | |  | Other: | | |  |
|  |  |  |  | |  | |  |  | | |  |
| Relationship To Project Owner: | | | |  | | |  | |  |  | |

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| **I. HOUSEHOLD COMPOSITION** | | | | | | | | |
| * *Unless assistance is required, this form must be completed by the applicant/tenant.* * *List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.* * *Do not include minors who will be present less than 50% of the time.* * *List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.* | | | | | | | | |
| HOUSEHOLD MEMBER NAME | | | RELATIONSHIP | DOB | SSN | | FT STUDENT? | Verified (Y/N) |
| 1. |  | | **HEAD** |  |  | | [ ] YES [ ] NO |  |
| 2. |  | |  |  |  | | [ ] YES [ ] NO |  |
| 3. |  | |  |  |  | | [ ] YES [ ] NO |  |
| 4. |  | |  |  |  | | [ ] YES [ ] NO |  |
| 5. |  | |  |  |  | | [ ] YES [ ] NO |  |
| 6. |  | |  |  |  | | [ ] YES [ ] NO |  |
| 7. |  | |  |  |  | | [ ] YES [ ] NO |  |
| 8. |  | |  |  |  | | [ ] YES [ ] NO |  |
| Are any HH changes expected in next 12 months? | | | | [ ] YES [ ] NO |  | |  |  |
|  | If YES explain: |  | | | | | |  |
| Are any student changes expected in next 12 months? | | | | [ ] YES [ ] NO | |  |  |  |
|  | If YES explain: |  | | | | | |  |
| **II. STUDENT STATUS** | | | | | | | | Verified (Y/N) |
| Is every member of the household a FT student as defined above?   * *If NO continue to Section III* * *If YES please complete the following questions:* | | | | | | | [ ] YES [ ] NO |  |
| Does a student receive assistance under Title IV of the Social Security Act  *(i.e. TANF or AFDC but not SS or SSI)?* | | | | | | | [ ] YES [ ] NO |  |
| Was a student previously a foster child? | | | | | | | [ ] YES [ ] NO |  |
| Is a student enrolled in the Workforce Investment Act or similar federal/state/local program? | | | | | | | [ ] YES [ ] NO |  |
| Is a student married and eligible to file a joint tax return? | | | | | | | [ ] YES [ ] NO |  |
| Is a student a single parent who is not claimed as a dependent by another individual? | | | | | | | [ ] YES [ ] NO |  |
| Are the minors in the household claimed as a dependent by a parent? | | | | | | | [ ] YES [ ] NO |  |

**INCOME INSTRUCTIONS:**

* *List gross amounts anticipated to be received in the 12 month period following move in or recertification*
* *For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets*
* *For adults include both earned income from jobs and unearned income*
* *Answer each YES-NO question. For each YES include the gross amount and frequency*
* *Do not leave any unanswered questions*

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| **III. HOUSEHOLD INCOME** | | | | | | | | | | |  | |
| *Use an extra copy of pages 2 and 3 as needed if more than 2 members have income or assets* | | | | | | | | | | |  | |
|  | | | Head of Household | | | | | Co Head and/or Other Member | | |  | |
| Type of Income | | | Check One | Amount | | Frequency | | Check One | Amount | Frequency | Verified (Y/N) | |
| 1. Salary or pay from job | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 2. Overtime or shift pay | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 3. Bonus/commission/etc. | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 4. Do you have a 2nd job? | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 5. Seasonal/sporadic work | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 6. Tips | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 7. Cash pay | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 8. Self employment income | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 9. Periodic gift income | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 10. Non cash contributions | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 11. Formal child support | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 12. Is child support awarded but not paid? | | | | [ ] YES [ ] NO | | | | [ ] YES [ ] NO | $ |  |  | |
| 13. Informal child support | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 14. Formal spousal support | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 15. Is spousal support awarded but not paid? | | | | [ ] YES [ ] NO | | | | [ ] YES [ ] NO | $ |  |  | |
| 16. Informal spousal support | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 17. Social Security | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 18. SSI | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 19. TANF, AFDC, etc. | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 20. Unemployment benefits | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 21. Worker’s compensation | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 22. Severance pay | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 23. Pension income | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 24. Retirement acct payments | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 25. Investment acct payments | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 26. Annuity acct payments | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 27. Trust acct payments | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 28. Disability/death benefits | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 29. Real estate rent income | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 30. Student financial aid | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 31. Military pay | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 32. Veterans/VA income | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 33. Other income: | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 34. Other income: | | | [ ] YES [ ] NO | $ | |  | | [ ] YES [ ] NO | $ |  |  | |
| 35. Are any income changes expected in the next 12 months? [ ] YES [ ] NO If YES please describe: | | | | | | | | | | |  | |
|  | | | | | | | | | | | | |
|  | | *For each source of income checked YES above, please complete the following:* | | | | | | | | | | |
| Income # | HH Member | | Name of Source | |  | | Address/Phone/Email | | | | | Verified (Y/N) |
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| **IV. HOUSEHOLD ASSETS** | | | | | | | | |  |
| * *List assets for all household members including minors* * *Cash value is market value minus any costs/penalties/fees required to convert to cash* * *Do not list assets that are not accessible to the family* | | | | | | | | | |
|  | | Head of Household | | | | Co Head and/or Other Member | |  | |
| Type of Asset | | Check One | Apprx Cash Value | | | Check One | Apprx Cash Value | Verified (Y/N) | |
| 1. Checking account | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 2. 2nd checking account | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 3. Savings account | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 4. 2nd savings account | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 5. Debit card | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 6. 2nd debit card | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 7. Cash on hand | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 8. Certificate of Deposit | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 9. Other bank account | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 10. Mutual Fund | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 11. Stocks | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 12. Portfolio/brokerage | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 13. IRA/401K/etc. | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 14. 2nd IRA/401K/etc. | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 15. Treasury bills/bonds | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 16. Company retirement acct | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 17. Annuity | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 18. Pension | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 19. Revocable trust | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 20. Life insurance (not term) | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 21. Real estate equity | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 22. Other asset | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 23. Other asset | | [ ] YES [ ] NO | $ | | | [ ] YES [ ] NO | $ |  | |
| 24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)?  [ ] YES [ ] NO | | | | | | | |  | |
| 25. Has anyone disposed of any assets for less than fair market value in the past 2 years?  [ ] YES [ ] NO | | | | | | | |  | |
| *If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:* | | | | | | | |  | |
|  | | | | | | | | | |
| *For each asset checked YES above, please complete the following:* | | | | | | | |  | |
| Asset # | HH Member | Name of Source | | Address/Phone/Email | | | |  | |
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| *Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.* | | | | | | | |  | |
|  | | |  | |  | | |  | |
| **Head of Household Signature** | | |  | | **Printed Name** | | |  | |
|  | | |  | |  | | |  | |
| **Co Head and/or Other Member Signature** | | |  | | **Printed Name** | | |  | |
|  | | |  | |  | | |  | |
| **Management Signature** | | |  | | **Date** | | |  | |
|  | | |  | |  | | |  | |