**HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  |
|  |  |  |  |