

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

PROPERTY NAME: _____
 TENANT RENT: _____
 SUBSIDY: _____

UNIT #: _____
 BEDROOM SIZE: _____
 UTILITY ALLOWANCE: _____

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	Last 4 of SSN	FT STUDENT?
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 household composition 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

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> • 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 a program funded by 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



III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.
All adults must sign the form.*

	Head of Household			Co-Head and/or Other Member Name:		
Type of Income	Check One	Amount	Frequency	Check One	Amount	Frequency
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 2 nd 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. Severance pay	[] YES [] NO	\$		[] YES [] NO	\$	
22. Pension income	[] YES [] NO	\$		[] YES [] NO	\$	
23. Retirement acct payments (including RMDs)	[] YES [] NO	\$		[] YES [] NO	\$	
24. Investment acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
25. Annuity acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
26. Trust acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
27. Disability/death benefits	[] YES [] NO	\$		[] YES [] NO	\$	
28. Real estate rent income	[] YES [] NO	\$		[] YES [] NO	\$	
29. Student financial aid	[] YES [] NO	\$		[] YES [] NO	\$	
30. Military pay	[] YES [] NO	\$		[] YES [] NO	\$	
31. Veterans/VA income	[] YES [] NO	\$		[] YES [] NO	\$	
32. Other income:	[] YES [] NO	\$		[] YES [] NO	\$	
33. Other income:	[] YES [] NO	\$		[] YES [] NO	\$	
34. Did you file a tax return last year?	[] 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

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

Type of Asset	Head of Household		Co-Head and/or Other Member Name:	
	Check One	Approx Cash Value	Check One	Approx Cash Value
1. Checking account	[] YES [] NO	\$	[] YES [] NO	\$
2. 2 nd checking account	[] YES [] NO	\$	[] YES [] NO	\$
3. Savings account	[] YES [] NO	\$	[] YES [] NO	\$
4. 2 nd savings account	[] YES [] NO	\$	[] YES [] NO	\$
5. Debit /direct deposit card	[] YES [] NO	\$	[] YES [] NO	\$
6. 2 nd prepaid 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. 2 nd 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. Trust (Irrevocable or Revocable)	[] YES [] NO	\$	[] YES [] NO	\$
20. Life insurance (not term)	[] YES [] NO	\$	[] YES [] NO	\$
21. Real estate equity	[] YES [] NO	\$	[] YES [] NO	\$
22. PayPal, Venmo, Cash App	[] 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				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				
<i>For each asset checked YES above, please complete the following:</i>				
Asset #	HH Member	Name of Source	Address/Phone/Email	

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

Date

Co-Head and/or Other Member Signature

Date

Management Signature

Date