

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 dependent 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

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	\$	
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



Tenant **MUST** list total household income for previous year. (*Do not leave this blank*) \$ _____

If this differs from current year, tenant **must** provide an explanation: _____

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 months (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
Real Estate	<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

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.



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