TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____ **TELEPHONE NUMBER:** _____

☐ **Initial Certification**
☐ **Re-certification**
☐ **Other**

BIN #_____
Unit #_____

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	☐	☐	I am self-employed. (List nature of self employment) _____	(use net income from self-employment only) $_____
2.	☐	☐	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name of Employer 1)_____ 2)_____ 3)_____	 $_____ $_____ $_____
3.	☐	☐	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	$_____
4.	☐	☐	I receive unemployment benefits.	$_____
5.	☐	☐	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	$_____
6.	☐	☐	I receive periodic social security payments.	$_____
7.	☐	☐	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	$_____
8.	☐	☐	I receive Supplemental Security Income (SSI).	$_____
9.	☐	☐	I receive disability or death benefits other than Social Security.	$_____
10.	☐	☐	I receive Public Assistance Income (examples: TANF, AFDC)	$_____
11.	☐	☐	I am entitled to receive child support payments.	
	☐	☐	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	$_____ $_____
	☐	☐	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12.	☐	☐	I receive alimony/spousal support payments	$_____
13.	☐	☐	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1)_____	$_____ $_____
14.	☐	☐	I receive income from real or personal property.	(use net earned income) $_____
15.	☐	☐	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received **For Households receiving Section 8 Assistance Only*	 $_____

ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
16.	☐	☐	I have a checking account(s). If yes, list bank(s) 1)_____ 2)_____	 _____% _____%	 $_____ $_____

17. ☐ ☐	I have a savings account(s) If yes, list bank(s) 1)_____ 2)_____	 _____% _____%	 $_____ $_____
18. ☐ ☐	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc…) If yes, list sources(s) of income being received/type of account(s) 1)_____ 2)_____ 3)_____		 $_____ $_____ $_____
19. ☐ ☐	I have a revocable trust(s) If yes, list bank(s) 1)_____	 _____%	 $_____
20. ☐ ☐	I own real estate. If yes, provide description: _____		 $_____
21. ☐ ☐	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 $_____ $_____ $_____
22. ☐ ☐	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1)_____ 2)_____ 3)_____	 _____% _____% _____%	 $_____ $_____ $_____
23. ☐ ☐	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1)_____ 2)_____	 _____% _____%	 $_____ $_____
24. ☐ ☐	I have a whole life insurance policy. If yes, how many policies _____		 $_____
25. ☐ ☐	I have cash on hand.		$_____
26. ☐ ☐	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1)_____ 2)_____		 $_____ $_____

STUDENT STATUS

YES	NO	
☐	☐	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
☐	☐	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
☐	☐	Does your household anticipate becoming an all full-time student household in the next 12 months?
		If you answered yes to any of the previous three questions are you:
☐	☐	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - **not** SSA/SSI)
☐	☐	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
☐	☐	• Married and filing (or are entitled to file) a joint tax return
☐	☐	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
☐	☐	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____ _____ _____

PRINTED NAME OF APPLICANT/TENANT **SIGNATURE OF APPLICANT/TENANT** **DATE**

_____ _____

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) **DATE**