

INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
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INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

2. <input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but is not limited to: Rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), 1099-contractors, etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me. <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____



YES	NO	MONTHLY GROSS INCOME
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. \$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI). \$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). \$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings. \$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security. \$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS \$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount \$ _____ (amount ordered) \$ _____ (amount received)
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments \$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____ \$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property. (Use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 Housing Choice Voucher rental assistance. \$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.



ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____ %	\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____



YES	NO	INTEREST RATE	CASH VALUE
25. <input type="checkbox"/>	<input type="checkbox"/> I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/> I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/>	<input type="checkbox"/> I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
28. <input type="checkbox"/>	<input type="checkbox"/> I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/>	<input type="checkbox"/> I have cash on hand.		\$ _____
30. <input type="checkbox"/>	<input type="checkbox"/> I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		\$ _____
31. <input type="checkbox"/>	<input type="checkbox"/> I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/>	<input type="checkbox"/> I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
33. <input type="checkbox"/>	<input type="checkbox"/> I receive payments through crowdfunding (e.g., GoFundMe)		CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES 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**

