

APPLICATION / CERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program. ***Providing false information may result in loss of your housing.***

Applicant Name:		Home Telephone Number: ()
Present Address:	Apartment Number:	Alternate Telephone Number: ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

List yourself and anyone who will live with you ***within the next 12 months***. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1.) Do you anticipate any changes in the size of your household ***within the next 12 months***? Yes No
(Examples: a future spouse, minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

2.) Will anyone listed above under age 18 live in the unit ***less than*** 50% of the next 12 months? N/A Yes No

If yes, please explain here: _____

3.) Does any member in your household have a disability and require a live-in care attendant? Yes No

4.) Is any adult member of your household separated, but not divorced? Yes No

Please include copies of 4 Current Paystubs & Proof of Child Support and/or Alimony Payments as well as any other income received.

NO PETS ALLOWED



STUDENT ELIGIBILITY QUESTIONS

- 1.) Are **ALL** members of your household full-time students? Yes No
- 2.) Will **ALL** members of your household become full-time students during any 5 months of this year?
(Example: a student who goes to school full-time in January, February, April, October and November) Yes No
- 3.) Will **ALL** members of your household be full-time students during any 5 months of next year? Yes No
- 4.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

- 5.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? Yes No
If yes, who will be enrolling in school? _____
If yes, will they be enrolling as a full-time or part-time student? _____

CHILD SUPPORT / ALIMONY INFORMATION

- 1.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (case id #) _____ Yes No

IF NO, SKIP TO QUESTION 2

- a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? Yes No

If **NO**, Are you making efforts to collect the amounts due? Yes No

If **YES**, please explain the efforts you're making here: _____

- 2.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?
(This includes help from children's father or mother for clothes, groceries, etc) Yes No

IF NO, SKIP TO NEXT SECTION

a.) Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony: _____

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	1.) Is any member of the household employed?	
(I-01)		Job 1.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	2.) Are any household members self-employed?	
(I-02 & 1040C)		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	3.) Are any adult members of your household unemployed?	
(I-10)		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	4.) Does any household member receive pay from the military?	
(I-03)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	5.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other	
(I-04)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	6.) Does any household member receive severance pay or worker's compensation?	
(I-09)		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	7.) Is any household member unemployed and receiving payments from an Unemployment Agency?	
(I-05 & I-10)		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	8.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
(I-06)		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	AMT \$ _____ PER _____



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	9.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	10.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	11.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	12.) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	13.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	14.) Do any adult members of your household have zero income? Which adult members have zero income? _____	

PREVIOUS RENTAL HISTORY - Rental references from at least two prior landlords or for four years of tenancy

_____	Telephone: _____
_____	How long have you lived here? _____
_____	Reason for leaving? _____

Name and address of your Former Landlord or Previous Address:

_____	Telephone: _____
_____	How long have you lived here? _____
_____	Reason for leaving? _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- 1.) Does any household member have a Checking, Savings, CD or Money Market account?**
(A-01) Bank 1.) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market
Bank 2.) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market
- Check if there are additional accounts of these types belonging to the household.** (attach a separate sheet with the bank name, account type and name(s) on the account)
- 2.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy** (life insurance that you can make withdrawals from even if there isn't a death)?
(A-02) Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance
- 3.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**
(A-03) Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- 4.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**
(A-06) Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____
- 5.) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)
(A-04) Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc)
Contact: _____ Phone: _____
- 6.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc)
(O-04) Property Type: _____ Estimated Cash Value: \$ _____
- 7.) Does any household member have a Trust Account?**
Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____
- 8.) Does any household member have any Treasury Bills or Government Bonds?** (www.savingsbonds.gov)
Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- 9.) Does any household member have cash on hand?**
Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- 10.) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? _____

What is the estimated value of this asset if you were to sell it today? \$ _____

- 11.) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, etc.)

(O-04)

What was the estimated value of this asset? \$ _____

HOUSEHOLD CERTIFICATION

My/Our signature(s) below shall serve as written permission for SHARP ROAD APARTMENTS to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Sharp Road Apartments and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. **The applicant also affirms that all information in this application is true and complete. The applicant also understands that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by the applicant. If accepted, I certify this apartment will be my sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, SHARP ROAD APARTMENTS may cancel and annul any lease given in reliance upon such information.**

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Co-Head of Household

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application / questionnaire was accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.

