

APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire.

This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you.

Applicant/Tenant Name: _____ Unit #: _____

YES NO

Property: _____

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am married and file a joint tax return. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a Student: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time School Name: _____ |

INCOME

Applicant/Tenant Estimated Gross Monthly Income from all sources: \$ _____

YES NO

- | | | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed and receive wages. I am employed at more than one job? <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from: (Tips: \$_____/Week) – (Commissions: \$_____/Month) – (Bonuses: \$_____/Year) |
| <input type="checkbox"/> | <input type="checkbox"/> | I am <input type="checkbox"/> Self-employed or <input type="checkbox"/> own a business. Type of business: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have secured new employment and will begin working on: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am on a leave of absence from work. If 'Yes', for how long: Start date: _____ End date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability Compensation <input type="checkbox"/> Severance |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive/ am entitled to receive Child Support and/or Alimony payments. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Benefits (VA). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive <input type="checkbox"/> Social Security (SS) <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability (SSD) |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental assistance such as <input type="checkbox"/> Section 8, <input type="checkbox"/> RD <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from a household member/s temporarily absent from the unit. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from family, friends or Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have other forms of income not specified above. Source: _____ \$ _____ Per month. |

ASSETS

YES NO

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have # _____ Checking account(s): List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have # _____ Savings account (s): List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have # _____ Money Market account(s) List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own # _____ Certificate (s) of Deposit: List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have investments in Stocks, Bonds, Treasury bills and/or mutual funds. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them. |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate. I owe/pay a mortgage on this property: <input type="checkbox"/> No <input type="checkbox"/> Yes Owe: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage. |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a Life Insurance Policy (exclude Term Life). |
| <input type="checkbox"/> | <input type="checkbox"/> | I hold personal property as an investment (Coin collections, gems, antique cars, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have other forms of assets not specified above. Source: _____ Amount: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash-on-hand. The amount is: \$ _____ |

➤ Total household assets are: Over \$5,000 -OR- Under \$5,000.

Under penalty of perjury, I certify that the information provided in this certification is true and correct 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 may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____

Date _____