

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: Ketanji Court

☐ I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business.

☐ I am married and file a joint tax return.

☐ I am a Student: ☐ Part-Time ☐ Full-Time School Name: _____

INCOME

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

YES NO

☐ I am employed and receive wages. I am employed at more than one job? ☐ Yes # _____ ☐ No

☐ I receive income from: (Tips: \$ _____/Week) – (Commissions: \$ _____/Month) – (Bonuses: \$ _____/Year)

☐ I am ☐ Self-employed or ☐ own a business. Type of business: _____

☐ I have secured new employment and will begin working on: _____

☐ I am on a leave of absence from work. If "Yes", for how long: Start date: _____ End date: _____

☐ I receive income from ☐ Unemployment ☐ Worker's Compensation ☐ Disability Compensation ☐ Severance

☐ I receive/ am entitled to receive Child Support and/or Alimony payments.

☐ I receive Veteran's Benefits (VA).

☐ I receive ☐ Social Security (SS) ☐ Supplemental Security (SSI) ☐ Social Security Disability (SSD)

☐ I receive rental assistance such as ☐ Section 8, ☐ RD ☐ Other: _____

☐ I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____

☐ I receive income from a household member/s temporarily absent from the unit.

☐ I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____

☐ I receive periodic payments from family, friends or Other: _____

☐ I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.

☐ I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits.

☐ I have other forms of income not specified above. Source: _____ \$ _____ Per month.

ASSETS

YES NO

☐ I have # _____ Checking account(s): List Bank(s): _____

☐ I have # _____ Savings account (s): List Bank(s): _____

☐ I have # _____ Money Market account(s) List Bank(s): _____

☐ I own # _____ Certificate (s) of Deposit: List Bank(s): _____

☐ I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____

☐ I have investments in Stocks, Bonds, Treasury bills and/or mutual funds.

☐ I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them.

☐ I own Real Estate. I owe/pay a mortgage on this property: ☐ No ☐ Yes Owe: \$ _____

☐ I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ _____

☐ I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage.

☐ I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract).

☐ I have a Life Insurance Policy (exclude Term Life).

☐ I hold personal property as an investment (Coin collections, gems, antique cars, etc.).

☐ I have other forms of assets not specified above. Source: _____ Amount: \$ _____

☐ I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years.

☐ 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 _____

NOTE: Section 1001 of Title 18 of the US 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.

OHCS Programs Applicant/Tenant Questionnaire (5/2017)

TCOR008