

This application was received on \_\_\_\_\_,  
 at \_\_\_\_\_ am / pm, by: \_\_\_\_\_



## TENANT CERTIFICATION / RECERTIFICATION 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 a Federal Affordable Housing Program. *Providing false information may result in loss of your housing.*

Tenant Name:		Home Telephone Number: (    )
Building 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 that 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.*

1	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								
7								
8								
9								

**1.) Marital Status:**  Single  Married  Divorced  Widowed  Separated

Yes  No **2.) Do you anticipate any changes in the size of your household within the next 12 months?**

(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: \_\_\_\_\_

Yes  No **3.) Will anyone under age 18 listed above live in the unit less than 50% of the next 12 months?**

If yes, please explain here: \_\_\_\_\_

Yes  No **4.) Does any member in your household have a disability and require a Reasonable Accommodation or live-in care attendant?** \_\_\_\_\_

Yes  No **5.) Does your household receive, or is applying to receive, Section 8 rental or voucher assistance?**

If yes, which household member(s)? \_\_\_\_\_



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

## STUDENT ELIGIBILITY QUESTIONS

- Yes  No **6.) Are ALL members of your household full-time students?**
- Yes  No **7.) Will ALL members of your household be full-time students during any 5 months of this year?**  
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
- Yes  No **8.) Will ALL members of your household be full-time students during any 5 months of next year?**
- Yes  No **9.) Is ANY ADULT member of your household a part or full time student in an institute of higher education?**  
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? \$ \_\_\_\_\_
- Yes  No **10.) Does ANY ADULT member of your household intend to become a student *within the next 12 months*?**  
If yes, who will be enrolling in school? \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

## ALIMONY / CHILD SUPPORT INFORMATION

- Yes  No **11.) 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 #) \_\_\_\_\_

**IF "NO", SKIP TO QUESTION 12**

- 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:

\_\_\_\_\_

- Yes  No **12.) Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED?** (Example help from children's father or mother for clothes, groceries, etc.)

**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"/>	<b>13.) Is any member of the household employed?</b>	
		<b>Job 1.)</b> Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<b>Job 2.)</b> 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"/>	<b>14.) Are any household members self-employed?</b>	
		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>15.) Are any adult members of your household unemployed?</b>	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>16.) Does any household member receive pay from the military?</b>	
		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>17.) 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</b>	
		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>18.) Does any household member receive severance pay or worker's compensation?</b>	
		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>19.) Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	
		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)</b>	
		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"/>	<b>21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</b> Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <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"/>	<b>22.) 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?</b> What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>23.) Is there any other source of income we haven't already asked about above that you receive?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>24.) Does your household expect any changes in their income <i>within the next 12 months</i>?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>25.) 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?</b> 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"/>	<b>26.) Do any adult members of your household have zero income?</b> Which adult members have zero income? _____	



## 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

- 27.) Does any household member have a Checking, Savings, CD or Money Market account?**

Bank 1.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type:  Checking \$ \_\_\_\_\_,  Savings \$ \_\_\_\_\_,  CD/ Money Market \$ \_\_\_\_\_,  Direct Express \$ \_\_\_\_\_  
Bank 2.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type:  Checking \$ \_\_\_\_\_,  Savings \$ \_\_\_\_\_,  CD/ Money Market \$ \_\_\_\_\_,  Direct Express \$ \_\_\_\_\_

- 28.) 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 (We do not count **TERM** insurance)?

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  Stocks,  Bonds,  Mutual Funds,  Whole Life Insurance

- 29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other: \_\_\_\_\_

- 30.) 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)?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_

- 31.) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

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: \_\_\_\_\_

- 32.) 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.)

Property type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

- 33.) 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: \_\_\_\_\_

- 34.) Does any household member have any Treasury Bills or Government Savings Bonds?** ([www.savingsbonds.gov](http://www.savingsbonds.gov))

Which household member: \_\_\_\_\_  
Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

- 35.) Does any household member have cash on hand or safe deposit boxes?**

Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_

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

- 37.) 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, charitable contributions etc.)

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



Please read and provide the requested information to the best of your knowledge

### REFERENCE INFORMATION (If Applicable)

**Current Landlord:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long did you reside there? \_\_\_\_\_

**Previous Landlord:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long did you reside there? \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

### ADDITIONAL INFORMATION

Which apartment community are you applying for? \_\_\_\_\_

When are you looking to move in? \_\_\_\_\_

What bedroom size are you requesting?  Studio  1 bedroom  2 bedrooms  3 bedrooms  
 4 bedrooms

Yes  No **Do you own any pets?**  
If yes, number of pets? \_\_\_\_\_  
Type and description: \_\_\_\_\_

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

### CRIMINAL / EVICTION HISTORY

**YES NO Please check yes or no to the following regarding criminal and eviction history:**

**38.) Are you or any members of your family currently using an illegal substance?**

**39.) Have you or any member of your family ever been convicted of a felony?**  
If yes, please describe? \_\_\_\_\_

**40.) Have you or any member of you family ever been evicted from any housing?**  
If yes, please describe? \_\_\_\_\_

**41.) Are any household members subject to the lifetime sex offender registry?**  
If yes, please describe? \_\_\_\_\_

**42.) List all states any household member has lived in.** \_\_\_\_\_



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

## DEDUCTIONS (SECTION 8 ONLY)

YES NO Please check yes or no to the following regarding household eligible deductions:

- 43.) Do you pay for Childcare in order for you to work, look for work, or go to school?**  
(This expense is only given when the child/children are 'under' the age of 13.)  
If yes, please provide childcare provider's name, address, and phone number: \_\_\_\_\_
- 44.) Do you pay for Handicap Care Assistance to allow a household member to work, if there is no one else in the household who can provide care for the disabled individual needing care?**
- 45.) Do you pay for Medical insurance premiums/deductibles? (Medicare, AARP, Blue Cross, etc.)**  
If yes, which company: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_
- 46.) Have you paid for device(s) that will allow a disable household member to work?**
- 47.) Do you pay for "out-of-pocket" (after insurance has paid its portion) medical expenses? (i.e. Eye glasses, prescriptions, dental, doctor visits, hospitals, hearing aids, etc.)**  
If yes, please list: \_\_\_\_\_
- 48.) Do you drive yourself or pay others for transportation to and from medical services? (Do not include picking up medications)**
- 49.) Do you pay long term care medical insurance for nursing home care, home health, etc.?**
- 50.) Do you have any other medical expenses not listed?**  
If yes, please list: \_\_\_\_\_

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

## HUH 202D QUESTIONNAIRE

Please check yes or no to the following:

- 51.) Are you or anyone in the household a military veteran?**  
\*If yes, please list family member(s) names: \_\_\_\_\_
- 52.) Are you or were you ever a Presidentially Declared Disaster Victim?**  
If yes, please list the family member(s) names and event: \_\_\_\_\_
- 53.) Are you or anyone in your household currently homeless?**  
If yes, please list family member(s) names: \_\_\_\_\_
- 54.) Are you or anyone in your household fleeing or attempting to flee from violence?**  
If yes, please list family member(s) names: \_\_\_\_\_
- 55.) Are all household members U.S. citizens?**  
**If NO**, please list each family member and where they were born? \_\_\_\_\_  
**\*You may be asked to provide supporting documentation**
- 56.) Are any household members aged 62 or older, as of January 31, 2010, who do not have a Social Security number, that received HUD rental assistance at another location on or before January 31, 2010?**



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## HOUSEHOLD CERTIFICATION

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I understand that the information provided on this questionnaire will be used to determine my eligibility for federally assisted housing programs. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in a federally assisted housing program.

**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.**

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Head of Household Date

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Co-Head of Household Date

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Other Adult Member Date

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Other Adult Member Date

**MANAGEMENT SIGNATURE:**

This application /questionnaire accepted by:

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Apartment Management / Owner's Agent Date

**NOTE:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

*"In accordance with to the Fair Housing Regional Office of HUD this Institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability (Not all Prohibited bases apply to all programs to file a complaint of Discrimination) Write to: San Francisco Regional Office Of FHEO, U.S. Department of Housing and Urban Development, 600 Harrison Street, 3<sup>rd</sup> Floor, San Francisco, California 94107-1387, or Call (415)489-6424, 1-800-347-3739, TTY (415)436-6594.*

