

Tax Credit Certification Questionnaire

Apartment Number: _____ Date: _____

Applicant (Resident) Name: _____ Social Security # _____

Name(s) of dependent Children Covered by this Questionnaire: _____

A Separate Form is required for Each Adult Member (18 or older) of the Household including Household Members under the Age of 18 Who Will be designated as either the Head, Co-Head, Spouse.

INCOME- Include all income anticipated in the upcoming 12 months

1. [Yes] [No] I am self-employed or own my own business. Provide a copy of your rent Federal income Return, including Schedule C. List Nature of self-employment or business _____.
2. [Yes] [No] I am employed. Please list place of employment _____.
3. [[Yes] [No] I am employed at more than one place Please list additional places of employment _____.
4. [Yes] [No] I am currently unemployed, however looking for work. Provide a copy of your recent Income Tax Return and complete Unemployed Status Affidavit.
5. [Yes] [No] I am Currently Pregnant. My estimated due date is _____.
6. [Yes] [No] Do you expect any other person(s) to join the household in the next 12 months?
7. [Yes] [No] I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in my Household.
8. [Yes] [No] I receive unemployment benefits or expect to receive in the upcoming 12 months.
9. [Yes] [No] I receive Military, Veterans, GI Bill or National Guard Benefits/Pay (If yes please circle all that apply)
10. [Yes] [No] I receive Social Security Benefits.
11. [Yes] [No] I receive Supplemental Security Income (SSI) Benefits
12. [Yes] [No] I receive Social Security or SSI Benefits on behalf of family members age 17 or under. Please List Name(s) _____.
13. [Yes] [No] I receive disability or death benefits other than Social Security.
14. [Yes] [No] I receive **Cash** Public Assistance/Welfare/ Assistance or any other type of assistance from an agency that provides this type of assistance (example-TANF AFDC) Please list: _____.
15. [Yes] [No] I am receiving assistance from a Housing Authority in the form of Section 8 assistance / vouchers to help with my rental payments.
16. [Yes] [No] I am entitled to receive child support payment; however, I am not receiving payments. My child support case number(s) are: _____ . If you do not have a child support order or case number, please state why: _____.
17. [Yes] [No] I am currently receiving child support payments. My child support case number(s) are: _____.
18. [Yes] [No] I receive alimony/ spousal support payments.
19. [Yes] [No] I receive income from trust, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings. (If YES, please circle all that apply)
20. [Yes] [No] I receive income from real or personal property
21. [Yes] [No] I am receiving other forms of income that are not listed above, If YES, please list sources _____.

Assets

22. [Yes] [No] I have Checking Account(s). How Many _____ Interest Rate _____ % Value _____
23. [Yes] [No] I have saving Account(s). How Many _____ Interest Rate _____ % Value _____
24. [Yes] [No] I have Certified Deposits(CD's) How Many _____ Interest Rate _____ % Value _____
25. [Yes] [No] I have Money Market Account(s) How Many _____ Interest Rate _____ % Value _____
26. [Yes] [No] I own Stocks or Bonds How Many _____ Interest Rate _____ % Value _____
27. [Yes] [No] I have a trust. How Many _____ Interest Rate _____ % Value _____
28. [Yes] [No] I have a 401K account. How Many _____ Interest Rate _____ % Value _____
29. [Yes] [No] I have a retirement account. How Many _____ Interest Rate _____ % Value _____
30. [Yes] [No] I have money in a safety deposit box. Amount held: \$ _____
31. [Yes] [No] I own property
32. [Yes] [No] I have whole life or universal life insurance policy.
33. [Yes] [No] I hold assets for investment purpose(example- antique car, jewelry, stamp collection, ect)
34. [Yes] [No] I have disposed of assets (gave away, sold cash or assets) for less than fair market value in the past 2 years. If YES list items and date disposed _____
35. [Yes] [No] I have access to any other asset or receive income from any other asset not listed above. If YES list type(s), how many, interest rate(s) and value(s) _____

Student Status Questions

36. [Yes] [No] I am currently a part-time or full-time student (if YES, circle which one) Where? _____
37. [Yes] [No] I am currently not a student; however I anticipate enrolling as a part-time or full-time student in the next 12 months. (if YES, circle which one)
38. [Yes] [No] There are currently minors in the household gradesk-12 that are full-time students or will become full time students in the next 12 months. Please list names of minors: _____
39. [Yes] [No] I have been a full-time student for 5 months or more of the past twelve months. (This includes recent High School Graduates).
40. [Yes] [No] I will be a full time student for 5 months or more in the upcoming 12 months
41. [Yes] [No] Are all members of the household (adults and minors) full-time students?
42. [Yes] [No] Does your Household anticipate becoming a household in which all persons (adults and minors) will be full-time students in the next 12 months?

If you answered yes to question #40, 41 or question #42, please answer the following:

43. [Yes] [No] Are you receiving assistance under Title IV of the Social Security Act which is TANF?
44. [Yes] [No] Are you enrolled in a local, state or federal job-training program?
45. [Yes] [No] Are you married and filling a joint tax return?
46. [Yes] [No] Are you a Household of a single parent and at least one child, where neither of you are claimed as dependents on another person's tax returns?
47. [Yes] [No] Are/Have in the past, you or any Household Member been under the care of a state Foster Care Program?

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes as act of fraud. False, misleading or incomplete information will result in denial of application or termination of the lease agreement.

Applicant/ Resident Signature _____ Date _____

Witnessed By _____ Owner Representative/Manager Signature Date _____