

property \_\_\_\_\_

property no. \_\_\_\_\_

Apartment No. \_\_\_\_\_ Date \_\_\_\_\_

Resident. \_\_\_\_\_ SS# \_\_\_\_\_

Name(s) of Dependent Children Covered by This Questionnaire \_\_\_\_\_

A SEPERATE FORM IS REQUIRED FOR EACH ADULT MEMBER (18 OR OVER) OF THE HOUSEHOLD. HOWEVER, HOUSEHOLD MEMBERS UNDER THE AGE OF 18 WHO WILL BE EITHER THE HEAD, CO-HEAD OR SPOUSE, ARE ALSO REQUIRED TO COMPLETE THIS FORM.

YES	NO	INCOME - Include all income anticipated in the upcoming 12 months.
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| 1.  |  | I am self-employed or own my own business. <b>Provide a copy of your most recent Federal Income Tax Return. List nature of self-employment or business:</b> _____       |
| 2.  |  | I am employed. <b>Please list place of employment:</b> _____  |
| 3.  |  | I am employed at more than one place. <b>Please list additional places of employment:</b> _____   |
| 4.  |  | I am currently unemployed, however looking for work. Provide a copy of your most recent Federal Income Tax Return.  |
| 5.  |  | I am currently pregnant.  |
| 6.  |  | Do you expect any other family member(s) to join the household in the next 12 months? <b>Please list name(s):</b> _____   |
| 7.  |  | I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in my household.                                  |
| 8.  |  | I receive unemployment benefits or expect to receive in the upcoming 12 months.   |
| 9.  |  | I receive Military, Veterans, GI Bill or National Guard Benefits/Pay. <b>(If YES, please circle all that apply)</b>   |
| 10. |  | I receive Social Security Benefits.   |
| 11. |  | I receive Supplemental Security Income (SSI) Benefits   |
| 12. |  | I receive Social security or SSI Benefits on behalf of family members age 17 or under. <b>Please list member name(s):</b> _____   |
| 13. |  | I receive disability or death benefits other than Social Security.  |
| 14. |  | I receive food stamps (exempt income).  |
| 15. |  | I receive cash assistance such as TANF, AFDC or General Assistance, etc. from an agency such as AFS, DHS or Senior Services.  |
| 16. |  | I am receiving assistance from a Housing Authority in the form of Section B assistance/voucher to help with my rental payments.   |
| 17. |  | I am entitled to receive child support payments and I am not receiving the payments, however I expect to receive payments in the upcoming 12 months.                    |
| 18. |  | I am entitled to receive child support payments; however, I am not receiving payments.  |
| 19. |  | I am currently receiving child support payments.  |
| 20. |  | I receive alimony/spousal support payments.   |
| 21. |  | I receive income from trusts, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings. <b>(If YES, please circle all that apply)</b> |
| 22. |  | I receive income from real or personal property.  |
| 23. |  | I am receiving other forms of income that are not listed above. <b>If YES, please list source(s):</b> _____   |
| 24. |  | I am receiving student financial assistance such as grants, scholarships, loans, work study, etc.   |

YES	NO	ASSETS
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25. I have assets held in the name of minors residing in the household. **Please list:** \_\_\_\_\_  
\_\_\_\_\_
26. I have checking account(s). **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
27. I have savings account(s). **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
28. I have CD's. **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
29. I have Money Market Account(s). **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
30. I own stocks or bonds. **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
31. I have a trust. **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
32. I have a 401K account. **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
33. I have a retirement account. **How many:** \_\_\_\_\_ **Interest rate:** \_\_\_\_\_% **Value:** \$ \_\_\_\_\_
34. I have money in a safety deposit box. **Amount held:** \$ \_\_\_\_\_
35. I own property.
36. I have a whole life or universal life insurance policy.
37. I hold assets for investment purposes (examples – antiques cars, jewelry, stamp collections, etc).
38. I have disposed of assets (gave away or sold cash or assets) for less than fair market value in the past 2 years. **If YES, list item and date disposed:** \_\_\_\_\_
39. 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):** \_\_\_\_\_

YES	NO	STUDENT STATUS
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40. I am currently a full time or part time student. **(If YES, circle which one)**
41. I am currently not a student, however I anticipate enrolling as a full time or part time student. **(If YES, circle which one)**
42. There are currently minors in the household grades K-12 that are full time students or will become full time students in the next 12 months. **Please list names of minors:** \_\_\_\_\_  
\_\_\_\_\_
43. Are all members of the household (adults and minors) full time students?
44. 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 #43 or question #44, please answer the following:**

45. Are you receiving assistance under Title IV of the Social Security Act, which is AFDC or TANF?
46. Are you enrolled in a local, state or federal job-training program?
47. Are you married and filing a joint tax return?
48. Are you a household of a single parent and at least one child, where neither of you are claimed as dependent's on another persons tax return?

**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 representation herein constitutes as act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.**

**Applicant/Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witnessed By** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Owner Representative/Resident/Manager Signature)