

CERTIFICATION QUESTIONNAIRE

Each adult household member 18 years of age or older must complete and submit a separate Certification Questionnaire. (Note: If a household member is turning 18 years of age anytime within the future 12 months, then he/she needs to complete a separate Certification Questionnaire).

Please complete this **entire** form and leave **no blanks**.

Applicant Name:

Home Phone:

Mobile:

Email:

Marital Status (mark one): Married Divorced Widowed Separated Single

Household Information: List all members of the household.

Adult Relationships: Head of Household; Spouse;;Adult co-tenant; Other family member; Foster adult, Live-in caretaker

Child Relationships: Child; Unborn Child (of pregnant household member); Foster Child

HH#	NAME (first and last name)	Relationship	Age	Date of Birth	Social Security #
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Are you currently retired? Yes End date of Employment No

Current Employer Information: (If unemployed, enter "None"):

Employer Name:

Employer Address:

Email: Fax: Hire Date:

A. Additional Household Information Yes No

A1 Does anyone live with you who is not listed above? If yes, list the names A1

A2 Does anyone plan to live with you in the future who is not listed above? If yes, list the names: A2

A3 Are you a current or prior member of the Armed Forces? A3

Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans portal at <http://veterans.portal.Texas.gov/>

A4 Will any housing assistance be provided to, or received by, any member of the household? A4
If so, what is the source?

B. Income: Enter the amount received for all questions answered "Yes" Yes No Amount

B1 Are you employed? Enter your ANNUAL Employment income (wages, overtime, tips reported to your employer, bonuses and commissions.) B1

B2 Are you presently employed at more than one job? If so, enter your ANNUAL income from additional job (wages, overtime, tips reported to your employer(s), bonuses and commissions.) B2

B3 Do you receive tips in addition to tips reported to your employer? If so, mark one option below for frequency and fill in the amount to the right. B3

Weekly Monthly Quarterly Annually

Enter the amount received for all questions answered "Yes"

		Yes	No	Amount/Value
B4	Are you self-employed? If so, enter your ANNUAL self-employment income.			B4
B5	Do your minor children (residing with you) have any source of income? If so, what is the ANNUAL income amount? Enter the source of this income below.			B5
B6	Are you receiving Armed Forces income? If so, what is the MONTHLY amount?			B6
B7	Are you receiving Veteran's Benefits? If so, what is the MONTHLY amount?			B7
B8	Are you a member of the Reserves? If so, what is your MONTHLY income? What is your Armed Forces or Reserves status? (Mark an option below) Active Inactive			B8
B9	Are you currently receiving Unemployment Benefits? If so, what is the WEEKLY Amount?			B9
B10	Are you entitled to receive Child Support? What is the MONTHLY amount awarded? (Enter the amount awarded whether or not you are receiving it.)			B10
B11	Are you or a child residing in your home receiving payment(s) for being a Foster Child? If so, what is the monthly amount? How many children receive such support?			B11
B12	Are you receiving alimony? If so, what is the MONTHLY amount?			B12
B13	Are you receiving TANF/Aide for Dependent Children? If so, what is the MONTHLY amount?			B13
B14	Are you receiving Social Security income? If so, what is the MONTHLY amount?			B14
B15	Are you receiving Supplemental Social Security Income? If so, what is the MONTHLY amount?			B15
B16	Are you receiving Worker's Compensation/Disability Benefits? If so, what is the WEEKLY amount?			B16
B17	Are you receiving money periodically from family, friends or other sources? If so, what is the monthly amount? What is/are the source(s)? (mark all options that apply) Family Friends Other			B17
B18	Are you receiving income from pensions, retirement funds and/or royalties? If so, what is the total MONTHLY amount from all sources? What is/are the source(s)? (mark all options that apply) Pension Retirement Fund Other			B18
B19	Do you receive payment from an annuity that has no cash value? If so, what is the ANNUAL amount?			B19
B20	Do you receive any other income from a source not listed above? If so, what is the ANNUAL amount? What is the source of this income?			B20

C. Assets: Enter the asset value for all questions answered "Yes" For JOINT accounts, list only on the Head of Household's Questionnaire.

C1	Do you have a whole/universal/other life insurance policy(ies) that has/have cash value? If so, how many policies?			C1
C2	Does your minor child(ren) have any assets? (This applies only to minor children who will reside with you.) What type of asset(s) do your minor children have? (checking, savings, pre-paid debit cards, CDs, Bonds, trust funds, stocks, mutual funds, etc)			C2
C3	Do you have cash on hand? If so, what is the amount?			C3
C4	Do you have a trust fund(s)? If so, what is the combined total CURRENT value of all Trust Funds?			C4
C5	Do you have a checking account(s)? If so, what is/are the SIX MONTH AVERAGE balance of each account? How many checking accounts do you have?			C5
C6	Do you have a savings account(s)? If so, what is/are the CURRENT balance of each account? How many savings accounts do you have?			C6

Household Name _____

Unit # _____

		Yes	No	Value
C7	Do you have a prepaid debit card(s)? If so, what is the CURRENT balance of each account? How many prepaid debit cards do you have?			C7
C8	Do you have money market/money manager account(s)? If so, what is the CURRENT balance of each? How many money market/money manager accounts do you have?			C8
C9	Do you have a Certificate(s) of Deposit (CDs)? If so, what is the CURRENT balance of each CD? How many CDs do you have?			C9
C10	Do you have an annuity(ies)? If so, what is the CURRENT balance of the annuity(ies)? How many annuities do you have?			C10
C11	Do you have stocks/bonds/mutual funds/profit sharing accounts? If so, what is the CURRENT balance of each? How many accounts do you have?			C11
C12	Do you have Treasury Bills? If so, what is the total CURRENT value of all Treasury Bills combined?			C12
C13	Do you have a 401(k), 403(b), TRS, ERS or other retirement funds? If so, what is the CURRENT balance of each? How many accounts do you have? What type of account(s) do you have? (Please mark all that apply)			C13
	401(k) 403(b) TRS ERS Other			
C14	Do you have IRA, Roth IRA, SEP, Keogh or similar plan(s)? If so, what is the CURRENT balance of each? How many accounts do you have? What type of accounts do you have? (Please mark all that apply)			C14
	IRA Roth IRA SEP Keogh Other			
C15	Have you sold a home or land within the past two (2) years? If so, please list the SALE PRICE.			C15
C16	Do you currently own Real Estate? If so, please list the CURRENT market value of each. How many properties do you own? Are any of these properties being rented? If so, please list the MONTHLY rental amount.			C16
	C16(a) Are you in the process of selling any of this Real Estate?			C16a
C17	Do you have land/real estate contracts, deed of trust and/or mortgages that are held by you? Please list the CURRENT value of such investments. How many such investments do you have? Please list the MONTHLY income from all such investments (combined).			C17
C18	Do you have personal property held as an investment such as gems, jewelry, coin collections, stamp collections, Bitcoin/other digital currency, Go Fund Me/Crowdsourcing, antique cars, art, etc. If so what is the total CURRENT value of such personal investments? What type of such investments do you have?			C18
C19	Do you have any other assets not listed above? If so, what is the CURRENT value? What type of other assets to you have?			C19
C20	Have you disposed of any assets for less than Fair Market Value in the past two (2) years? If so, what was the Fair Market Value of the disposed of asset(s)? Please list the asset(s), the date of disposition, and the amount received. (Note: Please state if any of these assets were released due to foreclosure, bankruptcy or divorce.)			C20

D. Lump Sum Payments:

Have you received, or do you expect to receive, any Lump Sum Payments such as inheritances, lottery winning(s), gambling winning(s), Social Security lump sums, Unemployment Compensation lump sum(s), insurance settlements of any type, etc? If so, what is the total amount of all such amounts combined? D

Please describe the type of payment(s).

What is/will be the date(s) of payment?

E. Student Status: For the following section, schools include, but are not limited to: Pre-school, Kindergarten, Grade School, Middle School, Junior High School, Senior High School, Colleges, Universities, Trade or Technical Schools, On-line schools, etc. Part Time or Full Time

E1 Are you currently enrolled as a student? If so, are you Part Time or Full Time? E1

Provide the name of the school

E2 Do you anticipate becoming a student in the next 12 months? If so, will you be Part Time or Full Time? E2

Provide the name of the school

E3 Have you attended school this calendar year? If so, Part Time or Full Time? E3

Provide the name of the school

E4 Are you currently receiving any student financial aid (Grants/Scholarships, Parental Contribution, etc)? E4

If so, how much do you receive MONTHLY?

What type of financial aid do you receive?

E5 Do any of the following apply to you? If so, please also mark (below) all that apply. E5

Receiving TANF assistance

Formerly in Foster Care

Married to a full-time student AND you fill a joint tax return

Enrolled in a job training program receiving assistance under the Job Training Partnership Act (or other similar federal, state and local laws)

Single parent of a child/children under the age of 18 who will be living in the unit with you (if Yes, please respond to A and B below)

A. Are all of the children in your household full-time students? E5 A

B. Are you or any of your children being claimed as dependents on another individual's tax return outside of your household? E5 B

Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the Texas Department of Housing and Community Affairs.

By signing this Certification Questionnaire, you represent that you understand a state agency and/or the Internal Revenue Service may review this information to determine your eligibility to reside in housing provided under the Low Income Housing Tax Credit Program. Further, you understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentation is made, you could be subject to prosecution and/or your application will be denied and/or your tenancy terminated.

I hereby certify that, to the best of my knowledge, the above information is true, complete and accurate.

Applicant Signature

Date