

## Park Glen Apartments Certification Questionnaire

Each adult household member that is 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).

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

Unit # \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status: **Single** • **Married** • **Divorced** • **Widowed** • **Separated** (circle one)

**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 [including 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  No If "Yes", what was the **end date** of employment? \_\_\_\_\_

**Current Employer Information (if employed):** Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Additional household information**

		Yes	No
A1	Does anyone live with you who is not listed above? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
A2	Does anyone plan to live with you in the future who is not listed above? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
A3	Are any of the household members listed above: Live-in Attendants? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>

**B. Income: Enter the amount received for all questions that you answer "Yes".**

		Yes	No	Amount
B1	Are you employed? My <b>ANNUAL</b> Employment income is? (includes overtime, tips, bonuses and commissions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
B2	Are you presently employed at more than one job? My <b>ANNUAL</b> Employment income is? (includes overtime, tips, bonuses and commissions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
B3	Are you self-employed? My <b>ANNUAL</b> Self-Employment income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B4	Are you a member of the Armed Forces? My <b>MONTHLY</b> Armed Forces income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B5	Are you receiving Veteran's Benefits? My <b>MONTHLY</b> Veteran's income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B6	Are you a member of the Reserves? Active? <input type="checkbox"/> Yes <input type="checkbox"/> No Inactive? <input type="checkbox"/> Yes <input type="checkbox"/> No Is my <b>MONTHLY</b> income?	<input type="checkbox"/>	<input type="checkbox"/>	\$

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

Unit # \_\_\_\_\_

Enter the amount received for all questions that you answer "Yes".		Yes	No	
B7	Are you currently receiving Unemployment benefits? My <b>WEEKLY</b> Unemployment income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B8	Are you entitled to receive Child Support? <b>MONTHLY</b> amount ordered (Whether or not you are receiving it)	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>MONTHLY</b> amount received			\$
B9	Are you or a child in your home receiving payment(s) for being a Foster Child? If so, how many children receive such support? _____ The <b>MONTHLY</b> payment for all children is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B10	Are you receiving Alimony? My <b>MONTHLY</b> Alimony income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B11	Are you receiving TANF? (Aide for Dependent Children) My <b>MONTHLY</b> TANF income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B12	Are you receiving Social Security income? My <b>MONTHLY</b> Social Security income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B13	Are you receiving Supplemental Social Security income? (SSI) My <b>MONTHLY</b> Supplemental Social Security income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B14	Are you receiving Workman's Compensation / Disability Benefits? My <b>WEEKLY</b> Workman's Compensation / Disability income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B15	Are you receiving money periodically from family, friends or other sources? My <b>MONTHLY</b> income is? (Circle above those that apply)	<input type="checkbox"/>	<input type="checkbox"/>	\$
B16	Are you receiving income from pension / retirement fund / royalties? My <b>MONTHLY</b> income? (Circle above those that apply)	<input type="checkbox"/>	<input type="checkbox"/>	\$
B17	Do you receive a monthly payment from an annuity that has no cash value? My <b>MONTHLY</b> income?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B18	Do you receive any other income from a source not listed in questions B1 through B17 above? If so, what is the income source? _____ My <b>MONTHLY</b> income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$

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

		Yes	No	Amount
C1	Do you have a Whole / Universal Life Insurance policy or policies? Or, other insurance policies that have a cash value? If so, how many accounts? _____ Please list the <b>CURRENT</b> cash value of your insurance policy or policies.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
C2	Does your minor child(ren) have any assets? (Checking, Savings, Money Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the <b>CURRENT</b> cash value of all assets?	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
C3	Do you have Cash on Hand? Amount?	<input type="checkbox"/>	<input type="checkbox"/>	\$
C4	Do you have a Trust Fund(s)? Please list the <b>CURRENT</b> value.	<input type="checkbox"/>	<input type="checkbox"/>	\$
C5	Do you have a Checking account? If so, how many accounts? _____ Please list the <b>SIX MONTH AVERAGE</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$
C6	Do you have a Savings account? If so, how many Savings accounts? _____ Please list the <b>CURRENT</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$
C7	Do you have a Prepaid Debit Card? If so, how many Prepaid Debit Cards? _____ Please list the <b>CURRENT</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$

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

Unit # \_\_\_\_\_

Enter the requested asset value for all questions that you answer "Yes".		Yes	No	
C8	Do you have a Money Market / Money Manager account? If so, how many accounts? _____ Please list the <b>CURRENT</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$
C9	Do you have a Certificate of Deposit account? (CD's) If so, how many accounts? _____ Please list the <b>CURRENT</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$
C10	Do you have an Annuity? If so, how many accounts? _____ Please list the <b>CURRENT</b> balance.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
C11	Do you have Stocks, Bonds, Mutual Funds or Profit Sharing accounts? If so, how many accounts? _____ Please list the <b>CURRENT</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$
C12	Do you have any Treasury Bills? Please list the <b>CURRENT</b> value.	<input type="checkbox"/>	<input type="checkbox"/>	\$
C13	Do you have a 401(k), 403(b), TRS or other retirement fund? (circle each that apply) If so, how many accounts? _____ Please list the <b>CURRENT</b> balance of each account. _____ is my current employer's contribution / matching funds.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
C14	Do you have an IRA, Roth IRA or Keogh plans(s)? (circle each that apply) If so, how many accounts? _____ Please list the <b>SIX MONTH AVERAGE</b> balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$
C15	Have you sold a home or land within the past two (2) years? Was the home that sold a mobile home? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list the <b>SALE PRICE</b> of the home.	<input type="checkbox"/>	<input type="checkbox"/>	\$
C16	Do you currently own Real Estate? Is this a mobile home? <input type="checkbox"/> Yes <input type="checkbox"/> No How many properties do you own? _____ Please list the <b>CURRENT</b> value. Are you in the process of selling Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property being rented? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Rent: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
C17	Do you have land, real estate contracts, deeds of trust and/or mortgages that are held by you? If so, how many? _____ Please list the <b>CURRENT</b> value of all real estate investments. My <b>MONTHLY</b> income from these investments: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$
C18	Do you have personal property held as an investment such as gems, jewelry, coin collections, stamp collections, antique cars, art, etc... (circle those that apply) Is the total value of all personal property investments?	<input type="checkbox"/>	<input type="checkbox"/>	\$

**D. Have you received or expect to receive Lump Sum Payments such as: (circle all those that apply)**

		Yes	No	Amount
D1	Inheritances, Lottery Winning, Capital Gains, Severance Packages, Real Estate Transactions, Social Security Lump Sums, Unemployment Compensation, or Insurance Settlements for Health, Accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Other? (specify) _____			

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

Unit # \_\_\_\_\_

<b>E. Disposed Assets:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
E1	Have you disposed of any assets for less than Fair Market Value in the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	\$
	If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received: _____			

**F. 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, etc.

		<b>Yes</b>	<b>No</b>
F1	Are you currently enrolled as a student? If so, are you enrolled <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Name of School: _____	<input type="checkbox"/>	<input type="checkbox"/>
F2	Do you anticipate becoming a student in the next 12 months? If so, do you anticipate enrolling as <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Name of School: _____	<input type="checkbox"/>	<input type="checkbox"/>
F3	Have you attended school this calendar year? What was the last day you attended school? ____/____/____ Name of school _____ (even if same as above) Months Attended Last Semester: _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/>	<input type="checkbox"/>
F4	Are you currently receiving any student financial aid? What type? <input type="checkbox"/> Grant <input type="checkbox"/> Scholarship <input type="checkbox"/> Parental Contribution <input type="checkbox"/> Other _____ (describe other financial aid)	<input type="checkbox"/>	<input type="checkbox"/>
F5	Are you receiving TANF assistance?	<input type="checkbox"/>	<input type="checkbox"/>
F6	Were you formerly in Foster Care?	<input type="checkbox"/>	<input type="checkbox"/>
F7	Are you married to a full-time student AND do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
F8	Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other similar federal, state and local laws?	<input type="checkbox"/>	<input type="checkbox"/>
F9	Are you a single parent of a child/children under the age of 18 who will be living in the unit with you? <b>(If Yes, answer A &amp; B below)</b>	<input type="checkbox"/>	<input type="checkbox"/>
F9A	<b>A.</b> Are all the children in your household full-time students?	<input type="checkbox"/>	<input type="checkbox"/>
F9B	<b>B.</b> Are you or any of your children being claimed as dependents on another individual's tax return outside your household?	<input type="checkbox"/>	<input type="checkbox"/>

I understand that the landlord is relying on this information when filing federal tax returns and that a state agency and the Internal Revenue Service may review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit Program. Further, I 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, I could be subject to prosecution and/or that my application will be denied and/or my tenancy terminated. I hereby certify that to the best of my knowledge, the above information is true and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date