Villas of Seagoville 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).

	cant Name:						
Unit #	# Home Phone:	-	Mobil	e:			
	il:						
Marita	al Status: Single • Married • Divorce	ed • Widowed •	S eparated	(circ	e one)		
			-				_
	ehold information: List all members of						
	Relationships: (Head of Household; Spouse;		-		adult; Live-i	in caretaker,)
HH#	Relationships: (Child [including unborn child of Name (first and last name)	of pregnant household me Relationship			f Birth	Social So	ocurity #
1	Name (mst and last name)	Relationship	Age	Date	DITUI	Social Si	ecurity #
2							
3							
4					Ţ]
5							
6							
7							
Are y	ou currently retired? Yes No	If "Yes", what was th	e <u>end dat</u>	: <u>e</u> of em	nploymen	t?	
Curre	ent Employer Information (if employed	d): Employer Name:					
Addre	ess:			Phone:			
E-mail: Fax: Hire Date:							
۷۹۹iti	onal household information					Yes	No
	Does anyone live with you who is not listed	l above?If ves_list the n	ames:				
A1			idilico.				
A2	Does anyone plan to live with you in the fut	ture who is not listed ab	ove? If yes	s, list the	names:		
72		1 1 1 1 1 1 1	. 0.11				
А3	Are any of the household members listed above: Live-in Attendants? If yes, list the names:			ames:			
B. Inco	ome: Enter the amount received for all	questions that you ar	nswer "Ye	s".	Yes	No	Amount
	Are you employed?	-					
B1	My ANNUAL Employment income is? (inclu	udes overtime, tips, bon	uses and				\$
	commissions)	ana iah?					
B2	Are you presently employed at more than My ANNUAL Employment income is? (inclu		uses and				\$
DΖ	commissions)	idos overunie, ups, bon	uses and				Ψ
Dο	Are you self-employed?						¢
В3	My ANNUAL Self-Employment income is?					\perp \sqcup	\$
В4	Are you a member of the Armed Forces?				\$		
	My MONTHLY Armed Forces income is? Are you receiving Veteran's Benefits?					+ =	
B5	My MONTHLY Veteran's income is?						\$
	Are you a member of the Reserves? Acti	ve? Yes No				<u> </u>	
B6	Inactive? Yes No	_					\$
	Is my MONTHLY income?				_		

	Enter the amount received for all questions that you answer "Yes".	Yes	No	
В7	Are you currently receiving Unemployment benefits? My WEEKLY Unemployment income is?			\$
	Are you entitled to receive Child Support? MONTHLY amount		-	\$
B8	ordered (Whether or not you are receiving it) MONTHLY amount received			\$
	Are you or a child in your home receiving payment(s) for being a Foster Child?			
В9	If so, how many children receive such support? The MONTHLY payment for all children is?			\$
B10	Are you receiving Alimony? My MONTHLY Alimony income is?			\$
B11	Are you receiving TANF? (Aide for Dependent Children) My MONTHLY TANF income is?			\$
B12	Are you receiving Social Security income? My MONTHLY Social Security income is?			\$
B13	Are you receiving Supplemental Social Security income? (SSI) My MONTHLY Supplemental Social Security income is?			\$
B14	Are you receiving Workman's Compensation / Disability Benefits? My WEEKLY Workman's Compensation / Disability income is?			\$
B15	Are you receiving money periodically from family, friends or other sources? My MONTHLY income is? (Circle above those that apply)			\$
B16	Are you receiving income from pension / retirement fund / royalties? My MONTHLY income? (Circle above those that apply)			\$
B17	Do you receive a monthly payment from an annuity that has no cash value? My MONTHLY income?			\$
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?			\$
	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
	Do you have a Whole / Universal Life Insurance policy or policies? Or, other insurance policies that have a cash value?			\$
C1	If so, how many accounts?			\$
	Please list the CURRENT cash value of your insurance policy or policies. Does your minor child(ren) have any assets? (Checking, Savings, Money			\$
C2	Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply)			
	Please list the CURRENT cash value of all assets?			\$
C3	Do you have Cash on Hand? Amount?			\$
C4	Do you have a Trust Fund(s)? Please list the CURRENT value.			\$
	Do you have a Checking account?			\$
C5	If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account.			\$
	Do you have a Savings account?			\$
C6	If so, how many Savings accounts? Please list the CURRENT balance of each account.			\$
	Do you have a Prepaid Debit Card?			\$
C 7	If so, how many Prepaid Debit Cards?			\$
٠.	Please list the CURRENT balance of each account.			\$

Resident Name: _____

Unit # _____

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 CURRENT balance of each account.			\$ \$ \$
C9	Do you have a Certificate of Deposit account? (CD's) If so, how many accounts? Please list the CURRENT balance of each account.			\$ \$ \$
C10	Do you have an Annuity? If so, how many accounts? Please list the CURRENT balance.			\$
C11	Do you have Stocks, Bonds, Mutual Funds or Profit Sharing accounts? If so, how many accounts? Please list the CURRENT balance of each account.			\$ \$
C12	Do you have any Treasury Bills? Please list the current value.			\$
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 CURRENT balance of each account.			\$
C14	is my current employer's contribution / matching funds. Do you have an IRA, Roth IRA or Keogh plans(s)? (circle each that apply) If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account.			\$ \$
C15	Have you sold a home or land within the past two (2) years? Was the home that sold a mobile home? Yes No Please list the SALE PRICE of the home.			\$
C16	Do you currently own Real Estate? Is this a mobile home? Yes No How many properties do you own? Please list the CURRENT value. Are you in the process of selling Real Estate? Yes No Is the property being rented? Yes No Monthly Rent: \$			\$
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 CURRENT value of all real estate investments. My MONTHLY income from these investments: \$			\$
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?			\$
	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? Other? (specify)			\$

Res	ent Name: Unit #		nit #		
	E. Disposed Assets:	Yes	No	Amo	
	Have you disposed of any assets for less than Fair Market Value in the past two (2) years?			\$	
E1	If yes, list the asset(s) you disposed of, the date of disposition, the fair market value	and the am	ount rec	eived:	
	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.	Yes	No		
F1	Are you currently enrolled as a student? If so, are you enrolled Part-time Full-time Name of School:				
F2	Do you anticipate becoming a student in the next 12 months? If so, do you anticipate enrolling as Part-time Full-time Name of School:				
F3	Have you attended school this calendar year? What was the last day you attended school? /				
F4	Are you currently receiving any student financial aid? What type? Grant Scholarship Parental Contribution Other (describe other financial aid)				
F5	Are you receiving TANF assistance?				
F6	Were you formerly in Foster Care?				
F7	Are you married to a full-time student AND do you file a joint tax return?				
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?				
F9	Are you a single parent of a child/children under the age of 18 who will be living in the unit with you? (If Yes, answer A & B below)				
F9A	A. Are all the children in your household full-time students?				
F9B	Are you or any of your children being claimed as dependents on another individual's tax return outside your household?				
nternal Low Inc stateme and tha	stand that the landlord is relying on this information when filing federal tax returns and the Revenue Service may review this information to determine my eligibility to reside in how come Housing Tax Credit Program. Further, I understand that it is a criminal offense ent or misrepresentation to any department or agency of the United States as to any material misrepresentation is made, I could be subject to prosecution and/or the and/or my tenancy terminated. I hereby certify that to the best of my knowledge, the aboute.	using provi to willfully itter within i nat my appl	ded unde make a ts jurisdication wi	r the false ction ill be	
Appli	cant Signature	Date	 9	_	