

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).

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 ANNUAL 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 ANNUAL Employment income is? (includes overtime, tips, bonuses and commissions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
B3	Are you self-employed? My ANNUAL Self-Employment income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B4	Are you a member of the Armed Forces? My MONTHLY Armed Forces income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B5	Are you receiving Veteran's Benefits? My MONTHLY 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 MONTHLY 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 WEEKLY Unemployment income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B8	Are you entitled to receive Child Support? MONTHLY amount ordered (Whether or not you are receiving it)	<input type="checkbox"/>	<input type="checkbox"/>	\$
	MONTHLY 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 MONTHLY payment for all children is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B10	Are you receiving Alimony? My MONTHLY Alimony income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B11	Are you receiving TANF? (Aide for Dependent Children) My MONTHLY TANF income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B12	Are you receiving Social Security income? My MONTHLY Social Security income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B13	Are you receiving Supplemental Social Security income? (SSI) My MONTHLY Supplemental Social Security income is?	<input type="checkbox"/>	<input type="checkbox"/>	\$
B14	Are you receiving Workman's Compensation / Disability Benefits? My WEEKLY 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 MONTHLY income is? (Circle above those that apply)	<input type="checkbox"/>	<input type="checkbox"/>	\$
B16	Are you receiving income from pension / retirement fund / royalties? My MONTHLY 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 MONTHLY 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 MONTHLY 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 CURRENT 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 CURRENT 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 CURRENT value.	<input type="checkbox"/>	<input type="checkbox"/>	\$
C5	Do you have a Checking account? If so, how many accounts? _____ Please list the SIX MONTH AVERAGE 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 CURRENT 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 CURRENT balance of each account.	<input type="checkbox"/>	<input type="checkbox"/>	\$
				\$
				\$

Resident Name: _____

Unit # _____

E. Disposed Assets:		Yes	No	Amount
	Have you disposed of any assets for less than Fair Market Value in the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	\$
E1	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.

		Yes	No
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? (If Yes, answer A & B below)	<input type="checkbox"/>	<input type="checkbox"/>
F9A	A. Are all the children in your household full-time students?	<input type="checkbox"/>	<input type="checkbox"/>
F9B	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