Quest Asset Management, Inc. Certification/Recertification Questionnaire

Villas of Forest Hill

Resident Name	:											
Unit #		Но	ome Phor	ie:					Mobile:		-	
Marital Status:	S ingle	•	Married	•	Divorced	•	Widowed	•	Separated	(circle one)		

Complete the following information for your household and bring this questionnaire to your recertification interview. (Note: If a household member is turning 18 years of age anytime during the upcoming annual (re)certification period then he/she needs to complete a separate questionnaire).

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? 🗌 \	res 🗌 No 🛛 If "າ	es", what was the end date of employment?					
Current Employer Information (if employed):							
Employer Name:		_ Address:					
Phone:	_ Fax:	Hire Date:					

Additional household information			No
A1	Does anyone live with you who is not listed above?If yes, list the names:		
A2	Does anyone plan to live with you in the future who is not listed above? If yes, list the names:		
A3	Are any of the household members listed above: Live-in Attendants? If yes, list the names:		

B. Inco	ome: 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)			\$
B2	Are you presently employed at more than one job? My ANNUAL Employment income is? (includes overtime, tips, bonuses and commissions)			\$
B3	Are you self-employed? My ANNUAL Self-Employment income is?			\$
B4	Are you a member of the Armed Forces? My MONTHLY Armed Forces income is?			\$
B5	Are you receiving Veteran's Benefits? My MONTHLY Veteran's income is?			\$
B6	Are you a member of the Reserves? Active? Yes No Inactive? Yes No Is my MONTHLY income?			\$

	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?			\$
	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?			
B9	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?			\$
	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
	"Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire.	Yes	No	Amount \$
C1	"Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? If so, how many accounts?	Yes	No	Amount \$ \$
C1	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 	Yes	No	\$ \$
C1 C2	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) 	Yes	No	\$
	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that 	Yes	No	\$ \$ \$
C2	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? 	Yes	No	\$ \$ \$ \$
C2 C3 C4	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$
C2 C3	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? If so, how many accounts? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account. Do you have a Savings account or Prepaid Debit Card? If so, how many Savings accounts? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4 C5	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account. Do you have a Savings account or Prepaid Debit Card? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4 C5 C6	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account. Do you have a Savings account or Prepaid Debit Card? If so, how many Savings accounts? If so, how many Prepaid Debit Card? Please list the CURRENT balance of each account. Do you have a Money Market / Money Manager account? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4 C5	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account. Do you have a Savings account or Prepaid Debit Card? If so, how many Prepaid Debit Cards? Please list the CURRENT balance of each account. Do you have a Money Market / Money Manager account? If so, how many accounts? 	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4 C5 C6	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? If so, how many accounts?	Yes	No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C2 C3 C4 C5 C6	 "Yes". For all JOINT accounts, list only on the Head of Household's Questionnaire. Do you have a Whole / Universal Life Insurance policy or policies? 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 Market, CD's, Bonds, Trust Funds, Stocks, Mutual Funds, etc.) (circle each that apply) Please list the CURRENT cash value of all assets? Do you have Cash on Hand? Amount? Do you have a Trust Fund(s)? Please list the CURRENT value. Do you have a Checking account? If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account. Do you have a Savings account or Prepaid Debit Card? If so, how many Prepaid Debit Cards? Please list the CURRENT balance of each account. Do you have a Money Market / Money Manager account? If so, how many accounts? 	Yes		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

	Enter the requested asset value for all questions that you answer "Yes".	Yes	No	
C9	Do you have an Annuity? If so, how many accounts?			\$ \$
	Please list the CURRENT balance.			
040	Do you have Stocks, Bonds, Mutual Funds or Profit Sharing accounts? If so, how many accounts?			\$ \$
C10	Please list the CURRENT balance of each account.			\$
C11	Do you have any Treasury Bills? Please list the CURRENT value.			\$
C12	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. is my current employer's contribution / matching funds.]		\$
	Do you have an IRA, Roth IRA or Keogh plans(s)? (circle each that apply)	_		\$
C13	If so, how many accounts? Please list the SIX MONTH AVERAGE balance of each account.			\$ \$
	Do you own Real Estate? Is this a mobile home? Yes No			\$
C14	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: \$			\$
C15	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: \$			\$
C16	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)			\$
	E. Disposed Assets:	Yes	No	Amount
	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 rece	eived:

Vaa

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.

		res	NO
F1	Are you currently enrolled as a student? If so, are you enrolled		
F2	Do you anticipate becoming a student in the next 12 months? If so, do you anticipate enrolling as D Part-time D Full-time Name of School:		
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: Part-time Full-time		
F4	Are you currently receiving any student financial aid? What type? Grant Scholarship Parental Contribution Other (describe other financial aid)		
F5	Are you married to a full-time student AND do you file a joint tax return?		
F6	Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other similar federal, state and local laws?		
F7	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)		
F7A	A. Are all the children in your household full-time students?		
F7B	B. Are you or any of your children being claimed as dependents on another individual's tax return outside your household?		

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.

Signature

Date