

CERTIFICATION QUESTIONNAIRE

***NOTE: A separate Questionnaire must be completed by each adult household member, for themselves, and any dependent children.**


NAME: _____ UNIT # _____

PROPERTY NAME _____

MOVE-IN/Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

YES NO

| | | | |
|---|--------------------------|--|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the Public Housing Authority (PHA) below. PHA Name _____ | Note: This is not counted as household income. |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | I receive another form of federal or state rental assistance (not Section 8). If yes, list the entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____ | Note: This is not counted as household income. |
|  | | <p>When Question 1 or 2 is applicable, submit the Income Determination provided by the subsidy provider and skip to Question 37. Acceptable Income Determinations are: HUD-50058, HUD-50059, RD 3560-8. These determinations are mandatory for the HOME, SHTF, NHTF, and NSP programs. They are optional for the LIHTC program, provided it is not combined with the aforementioned programs.</p> <p>Furthermore, owners may consider means-tested income determinations from other programs: TANF, Medicaid, SNAP, EITC, LIHTC, WIC, SSI, and other HUD programs. If an alternative determination is utilized, please provide the relevant documentation and proceed directly to Question 37.</p> | |

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

| | | | |
|-----------------------------|--------------------------|---|---|
| 3. <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____ | (Use <u>net</u> income from business) \$ _____ \$ _____ |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay | |



This housing provider does not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Disability, actual or perceived Sexual Orientation, Gender Identity, or Familial Status in any activities/processes. Limited English Proficiency, Requests for Reasonable Accommodation, and Violence Against Women Act scenarios will be expeditiously processed. EQUAL HOUSING OPPORTUNITY

Form Effective 1/1/2026

| | | |
|--|---|-----------------------------------|
| | <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____ | \$ _____ \$ _____ |
| 5. <input type="checkbox"/> <input type="checkbox"/> | I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization. <u>Name of Person Providing Contribution</u> 1) _____ 2) _____ | \$ _____ \$ _____ |
| 6. <input type="checkbox"/> <input type="checkbox"/> | I receive unemployment benefits. | \$ _____ |
| 7. <input type="checkbox"/> <input type="checkbox"/> | I receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income. | \$ _____ |
| 8. <input type="checkbox"/> <input type="checkbox"/> | I receive periodic Social Security, Supplemental Social Security Income (SSI), Dual Entitlement, or Social Security Disability Insurance (SSDI) payments | \$ _____ |
| 9. <input type="checkbox"/> <input type="checkbox"/> | The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). | \$ _____ |
| 10. <input type="checkbox"/> <input type="checkbox"/> | I receive disability or death benefits other than Social Security. | \$ _____ |
| 11. <input type="checkbox"/> <input type="checkbox"/> | I receive periodic payment from lottery winnings. | \$ _____ |
| 12. <input type="checkbox"/> <input type="checkbox"/> | I receive Public Assistance Income (e.g. TANF that is Cash Assistance) DO NOT INCLUDE FOOD STAMPS | \$ _____ |
| 13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____ Are the children present in the unit 50% or more of the time? Clarify if NO _____ | \$ _____ (amount received) |



| | | |
|---|---|--|
| 14. <input type="checkbox"/> <input type="checkbox"/> | I receive alimony/spousal maintenance payments | \$ _____ (amount received) |
| 15. <input type="checkbox"/> <input type="checkbox"/> | I receive periodic payments from trusts, annuities, inheritance, retirement accounts/funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____ | \$ _____ \$ _____ |
| 16. <input type="checkbox"/> <input type="checkbox"/> | I receive income from real or personal property. | (Use <u>net</u> earned income) \$ _____ |
| 17. <input type="checkbox"/> <input type="checkbox"/> | I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.). | \$ _____ per semester |
| 18. <input type="checkbox"/> <input type="checkbox"/> | I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income | |
| 19. <input type="checkbox"/> <input type="checkbox"/> | I am a member of an Indian Tribe receiving gaming payments. | |

ASSET INFORMATION

Include all asset sources, including assets of minors.

| YES | NO | | INTEREST RATE | CASH VALUE |
|------------------------------|--------------------------|--|----------------------------|---|
| 20. <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____ | _____% _____% _____% | CURRENT BALANCE \$ _____ \$ _____ \$ _____ |
| 21. <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____ | _____% _____% _____% | CURRENT BALANCE \$ _____ \$ _____ \$ _____ |
| 22. <input type="checkbox"/> | <input type="checkbox"/> | I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____ | _____% _____% _____% | CURRENT BALANCE \$ _____ \$ _____ \$ _____ |



| | | | |
|--|---|----------------------------|---|
| 23. <input type="checkbox"/> <input type="checkbox"/> | I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____ | | CURRENT BALANCE \$ _____ \$ _____ \$ _____ |
| 24. <input type="checkbox"/> <input type="checkbox"/> | I have a revocable trust(s) If yes, list bank _____ | _____% | \$ _____ |
| 25. <input type="checkbox"/> <input type="checkbox"/> | I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose | | \$ _____ |
| 26. <input type="checkbox"/> <input type="checkbox"/> | I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| 27. <input type="checkbox"/> <input type="checkbox"/> | I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| 28. <input type="checkbox"/> <input type="checkbox"/> | I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| 29. <input type="checkbox"/> <input type="checkbox"/> | I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____ | | \$ _____ |
| 30. <input type="checkbox"/> <input type="checkbox"/> | I have cash on hand. | | \$ _____ |
| 31. <input type="checkbox"/> <input type="checkbox"/> | I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments). | | \$ _____ |



| | | | |
|---|--|--|----------------------------------|
| 32. <input type="checkbox"/> <input type="checkbox"/> | I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____ | | \$ _____ \$ _____ |
| 33. <input type="checkbox"/> <input type="checkbox"/> | I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ | | \$ _____ |
| 34. <input type="checkbox"/> <input type="checkbox"/> | I receive payments through a crowdfunding platform (e.g., GoFundMe) | | CURRENT BALANCE \$ _____ |
| 35. <input type="checkbox"/> <input type="checkbox"/> | I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment If yes, list type below: 1) _____ 2) _____ 3) _____ | | \$ _____ \$ _____ \$ _____ |
| 36. <input type="checkbox"/> <input type="checkbox"/> | I received a federal tax refund or refundable tax credit in the past 12 months. | | AMOUNT RECEIVED \$ _____ |



STUDENT CERTIFICATION FOR LIHTC AND/OR HOME

| YES | NO | |
|------------------------------|--------------------------|---|
| 37. <input type="checkbox"/> | <input type="checkbox"/> | <p>Have you, are you or will you be a student this calendar year? (HOME/SHTF/NSP, LIHTC)</p> <p><i>“Student” includes those attending public or private elementary schools, middle or junior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED.</i></p> <p>If you are not sure, please mark ‘YES’ and the property management company will verify your student status, as well as any exceptions that you claim.</p> <p>➤ If you answered “NO” please skip the following questions and sign below.</p> <p>➤ If you answered “YES” please complete the following questions:</p> |
| 38. <input type="checkbox"/> | <input type="checkbox"/> | Are you a part-time student? (HOME/SHTF/NSP, LIHTC) |
| 39. <input type="checkbox"/> | <input type="checkbox"/> | Are you a full-time student? This means you have or will attend school for any part of 5-months or more this calendar year with a full-time status. (The months do not need to be consecutive.) |
| 40. <input type="checkbox"/> | <input type="checkbox"/> | Are you married? (HOME/SHTF/NSP, LIHTC) |
| 41. <input type="checkbox"/> | <input type="checkbox"/> | Are you a single parent with a child(ren) living with you at least 50% of the time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>If yes:</u> a) Are you a tax dependent of someone else? (LIHTC) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Is your child(ren) a tax dependent of someone other than a parent? (LIHTC) |
| 42. <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving assistance under Title IV of the Social Security Act (e.g. TANF “cash assistance”)? (LIHTC) |
| 43. <input type="checkbox"/> | <input type="checkbox"/> | Are you enrolled in a government (federal/state/local)-sponsored Job Training Partnership Act (JTPA) or similar program, like the Workforce Investment act. The program should have a mission statement like the one for the JTPA program. (LIHTC) |
| 44. <input type="checkbox"/> | <input type="checkbox"/> | <p>Were you previously in foster care at any time through the age of 18? (LIHTC)</p> <p>➤ The following questions apply only to the HOME/SHTF/NSP Programs, if this is not applicable, please skip the remaining questions and sign below.</p> |
| 45. <input type="checkbox"/> | <input type="checkbox"/> | Are you disabled? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, were you receiving Section 8 assistance as of November 30, 2005? |
| 46. <input type="checkbox"/> | <input type="checkbox"/> | Are you under age 24 and a dependent of the household? |
| 47. <input type="checkbox"/> | <input type="checkbox"/> | Are you age 24 or older? |
| 48. <input type="checkbox"/> | <input type="checkbox"/> | Do you have a dependent child(ren) living with you at least 50% of the time? |
| 49. <input type="checkbox"/> | <input type="checkbox"/> | Are you a veteran of the United States Military? |
| 50. <input type="checkbox"/> | <input type="checkbox"/> | Were you an orphan or a ward of the court through age 18? |
| | | ➤ If the answer is “NO” to each of the above, then the student must be independent from their parents. This must include all the below: |
| 51. <input type="checkbox"/> | <input type="checkbox"/> | Are you of legal contract age under state law? AND |
| 52. <input type="checkbox"/> | <input type="checkbox"/> | Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy (not counting dorms & student housing)? OR |



