

**TENANT INCOME CERTIFICATION QUESTIONNAIRE**

Name \_\_\_\_\_

**(Each adult household member 18 years or older must complete a separate questionnaire)**

**INCOME INFORMATION**

			MONTHLY ESTIMATED GROSS INCOME	
1	Yes	No	<p>I am self-employed. (List name of self-employment). This includes but is not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc</p> <p>_____</p>	\$ _____
2	Yes	No	<p>I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:</p> <p>1) _____ / _____                      Name of Employer Position Start Date</p> <p>2) _____ / _____                      Name of Employer Position Start Date</p> <p>*Please provide any additional Employer information on a separate sheet of paper.</p>	\$ _____ \$ _____
3	Yes	No	<p>I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons who are not living with me.</p> <p>Name _____ Phone # _____</p> <p>*Please Provide any additional cash contributions or gifts on separate sheet of paper</p>	\$ _____
4	Yes	No	<p>I receive Unemployment or Workman's Comp benefits. (please circle which one)</p> <p>Name of Company Providing Workman's Comp Benefits _____</p> <p>Phone Number _____</p>	\$ _____
5	Yes	No	<p>I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</p> <p>Name of Company _____ Phone # _____</p>	\$ _____
6	Yes	No	<p>I receive payments for Social Security or Supplemental Security Income (SSI)</p>	\$ _____
7	Yes	No	<p>This household receives <u>unearned</u> income from family members age 17 or under (i.e., Social Security payments, Trust Fund disbursements, etc.).</p> <p>1) _____ / _____                      Name of Company providing unearned income Phone # Name of Household Member</p> <p>2) _____ / _____                      Name of Company providing unearned income Phone # Name of Household Member</p>	\$ _____
8	Yes	No	<p>I receive payments for disability or death benefits (other than social security), or adoption assistance. (please circle which one)</p> <p>_____</p> <p>Name of Company providing adoption assistance Phone # _____</p>	\$ _____
9	Yes	No	<p>I receive Public Assistance Income (examples: TANF, AFDC), <b>not including food stamps.</b></p>	\$ _____
10	Yes	No	<p>a. I have a court order to receive child support payments and <b>receive</b> the full amount. (provide copy of court order)</p> <p>i. I am currently receiving child support payments through _____ County</p>	\$ _____ (amount ordered)
	Yes	No	<p>b. I have a court order for child support but am not receiving the <b>full</b> amount. Please list amount received.</p>	\$ _____ (amount received)
	Yes	No	<p>c. I am currently receiving non-court ordered child support payments directly from the non-custodial parent</p> <p>_____ (name of individual). Phone # _____</p> <p>i. If yes, from how many persons do you receive support? _____</p>	\$ _____



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11	Yes	No	a. I have a court order to receive alimony/spousal support payments and <b>receive</b> the required payments (provide copy of court order) i. I am currently receiving alimony/spousal support. payments through _____ County	\$ _____
	Yes	No	b. I am currently receiving non court ordered spousal maintenance payments directly from _____ (name of individual). Phone # _____	\$ _____
	Yes	No	c. I have a court order to receive alimony/spousal payments and am <b>NOT receiving</b> the required payments. I/we am/are currently making efforts to collect the support owed to me. List efforts being made to collect: _____	\$ _____
12	Yes	No	I receive periodic payments from trusts, annuities, inheritance, severance, retirement funds or pensions, insurance policies, or lottery winnings. 1) _____ / _____ Source Phone # Name of Household Member	\$ _____
13	Yes	No	I receive income from real or personal property. Please Explain _____	(use <u>net</u> earned income) \$ _____
14	Yes	No	I receive student financial assistance (i.e., grants, private sources) in amounts that exceed tuition costs. Name of School _____ Phone # _____ *NOTE: Count as income only if household receives Section 8 rental assistance	\$ _____
15	Yes	No	I have received lottery winnings paid in one payment (not reoccurring periodic payments)	\$ _____

**Asset information**

			INTEREST RATE	BALANCE/CASH VALUE
16	Yes	No	I have a checking account(s). # of accounts held _____ If yes, list bank(s): 1) _____ Acct# _____ Name of bank _____ % 2) _____ Acct# _____ Name of bank _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____
17	Yes	No	I have a savings account(s). # of accounts held _____ If yes, list bank(s): 1) _____ Acct# _____ Name of bank _____ % 2) _____ Acct# _____ Name of bank _____ %	CURRENT BALANCE \$ _____ \$ _____
18	Yes	No	I have a debit card, pay card for direct deposit of benefits, or prepaid debit card (s). # of cards _____ 1.) _____ Name of financial institution Phone # _____ 2.) _____ Name of financial institution Phone # _____	CURRENT BAANCE \$ _____ \$ _____
19	Yes	No	I have a revocable trust(s). If yes, list financial institution(s): _____ Phone # _____ %	\$ _____
20	Yes	No	I own real estate. If yes, provide address: _____ I intend to : Keep, Sell, Rent, Give Away or a Foreclosure is in Progress (circle one)	\$ _____



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21	Yes	No	I own stocks, bonds, or Treasury Bills. List financial institution(s) 1) _____ Phone # _____ % Name of financial institution 2) _____ Phone # _____ % Name of financial institution	_____ %	\$ _____
22	Yes	No	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/financial institution(s) 1) _____ Phone # _____ % Name of financial institution 2) _____ Phone # _____ % Name of financial institution	_____ %	\$ _____
23	Yes	No	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list financial institution(s) 1) _____ Phone # _____ % Name of financial institution 2) _____ Phone # _____ % Name of financial institution	_____ %	\$ _____
24	Yes	No	I have a whole life insurance policy (policy has CASH VALUE). If yes, how many policies _____ 1) _____ Policy # _____ % Name of financial institution 2) _____ Policy # _____ % Name of financial institution	_____ %	\$ _____
25	Yes	No	I have cash on hand.		\$ _____
25	Yes	No	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value within the past 2 years. If yes, list items and date disposed: _____ Date disposed Item Disposed of		\$ _____
27	Yes	No	I have other personal property held as an investment, other income from assets or sources other than listed above. If yes, list type below: 1) _____ Asset type _____ % 2) _____ Asset type _____ %	_____ %	\$ _____

**HOUSING assistance**

Yes	No	Will the household receive Section 8 housing assistance?	List agency name, contact person and phone # _____ _____
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

