

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	Unit # _____
<input type="checkbox"/> Re-Certification	
<input type="checkbox"/> Other	
<input type="checkbox"/> I am a new household member who has occupied/will occupy unit on: _____	

INCOME INFORMATION

MONTHLY GROSS INCOME

	Yes	No		
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed (<i>list nature of self employment</i>) _____	(use adjusted net income for self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer:</u> 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security payments.	\$ _____
7.	<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.)	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI)	\$ _____

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	Yes	No		
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security (do not include settlement payments: ie; workers compensation, lawsuit settlements due to a disability).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (<i>examples: TANF, CalWorks, CAPI, AFDC, GA/GR</i>) <i>*Do not include CalFresh, SNAP, Food Stamps</i>	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support payments (<i>ie: court ordered, parental agreement, etc.</i>) If yes, from how many persons do you receive support? _____	Total amount of support received: \$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony or spousal support payments (<i>ie: court ordered, divorce agreement, etc.</i>) If yes, from how many persons do you receive support? _____	Total amount of support received: \$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trust (interest), annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1. _____ 2. _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive rental income from real or personal property.	(use net earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial aid (<i>public/private</i>) Subtract actual covered cost of tuition from aid received.	\$ _____
16.	<input type="checkbox"/>	<input type="checkbox"/>	Are any of the above noted income sources (<i>including Social Security, wages, unemployment, public assistance, disability, etc.</i>), currently being received as a Debit Visa or MC?	List Income Source: _____ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

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ASSET INFORMATION

	Yes	No		Interest Rate	Current Value
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) & last four digits of account number: 1. _____ 2. _____ 3. _____ 4. _____	_____ % _____ % _____ % _____ %	\$ _____ \$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) & last four digits of account number. 1. _____ 2. _____	_____ % _____ %	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds held on an EBT card, Debit Visa, or Debit MC *Do not include CalFresh, SNAP, Food Stamps		Current Balance: \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc. Source: 1. _____ 2. _____		\$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1. _____ 2. _____	_____ % _____ %	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____		\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____		Current Balance: \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Interest/Dividend _____ % _____ %	\$ _____ \$ _____

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	Yes	No		Interest Rate	Current Value
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). If yes, list sources/bank names 1. _____ 2. _____	_____ % _____ %	\$ _____ \$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have received a federal tax return refund or refundable tax credit in the last 12 months.		Refund Amount: \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value. If yes, how many policies? _____		\$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (<i>i.e. gave away money/assets</i>) for less than the fair market value in the last 2 years. If yes, list items and date disposed: 1. _____ 2. _____		\$ _____ \$ _____
30.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand in excess of \$250.		\$ _____

Yes No STUDENT ELIGIBILITY

<input type="checkbox"/>	<input type="checkbox"/>	I am a part-time student
<input type="checkbox"/>	<input type="checkbox"/>	I am a full-time student (<i>Example: K-12, College, Trade School, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Does the entire household consist of people who are currently <u>full-time</u> students?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entire household consist of people who are either currently a full time student or were a full-time student for 5 months or more in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

Yes No If you answered yes to any of the previous 5 questions, are you:

<input type="checkbox"/>	<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (<i>AFDC, TANF, CalWorks - not SSA/SSI</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/>	<input type="checkbox"/>	Married and filing (<i>or are entitled to file</i>) a joint tax return (<i>please provide copy of marriage certificate or tax return</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/>	<input type="checkbox"/>	Previously enrolled in the Foster Care Program (<i>currently age 18-24</i>)

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Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Printed Name of Applicant / Tenant

Signature of Applicant / Tenant

Date

Witnessed by (Signature of Owner Representative)

Date