#### TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name\_

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

#### **INCOME INFORMATION**

				MONTHLY ESTIMATE	D GROSS INCOME
1	Yes	No	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	\$	-
			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:		
			1) / Name of Employer Position /	<u>\$</u>	_
2	Yes	No			
			2) / Name of Employer Position Start Date	<u>\$</u>	_
			*Please provide any additional Employer information on a separate sheet of paper.		
3	Yes	No	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons who are not living with me.	\$	
5	105	INU	NamePhone #Phone #Phon	φ	_
			Prease Provide any additional cash contributions or girts on separate sheet of paper     I receive Unemployment or Workman's Comp benefits. (please circle which one)		
4	Yes	No	Name of Company Providing Workman's Comp Benefits	\$	
			Phone Number		_
			I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.		
5	Yes	No	Name of Company Phone #	\$	-
			Priore # Priore #		
6	Yes	No	I receive payments for Social Security or Supplemental Security Income (SSI)	\$	-
	Yes	No	This household receives <u>unearned</u> income from family members age 17 or under (i.e., Social Security payments, Trust Fund disbursements, etc.).		
7	105	NO		\$	-
			1) Name of Company providing unearned income Phone # / Name of Household Member		
			2)/ Name of Company providing unearned income Phone # / Name of Household Member		
			Name of Company providing unearned income         Phone #         Name of Household Member           I receive payments for disability or death benefits (other than social security), or adoption         Image: Company providing the security is a security in the security in the security is a security in the security in the security is a security in the security in the security is a security in the security in the security is a security in the security is a security in the security in the security is a security in the security is a security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security in the security is a security in the security in the security in the security is a security in the security is a security in the securety in the security in the security in the security ind		
8	Yes	No	assistance. (please circle which one)	\$	
-				*	_
			Name of Company providing adoption assistance Phone #		
9	Yes	No	I receive Public Assistance Income (examples: TANF, AFDC), not including food stamps.	\$	_
	Yes	No	a. I have a court order to receive child support payments and <u>receive</u> the full amount.		_
			(provide copy of court order) i. I am currently receiving child support payments throughCounty	\$	(amount ordered)
	Yes	No	b. I have a court order for child support but am not receiving the <b>full</b> amount. Please list amount		
10			received.	\$	(amount received)
	Yes	No	c. I am currently receiving non-court ordered child support payments directly from the non-	\$	
	100	110	custodial parent(name of individual). Phone #	*	_
			i. If yes, from how many persons do you receive support?		

Revised 10/21/2019 HKP-402





TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name\_

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

11	Yes	No	a. I have a court order to receive alimony/spousal support payments and <u>receive</u> 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><u>NOT receiving</u></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# 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#	% %	CURRENT BALANCE \$ \$
18	Yes	No	I have a debit card, pay card for direct deposit of benefits, or prepaid         debit card (s). # of cards		CURRENT BAANCE \$ \$
19	Yes	No	I have a revocable trust(s). If yes, list financial institution(s):          Name of financial institution       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)		\$

Revised 10/21/2019 HKP-402





TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name\_\_

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

21	Yes	No	I own stocks, bonds, or Treasury Bills. List financial institution(s)          1)	%	\$
			2) Name of financial institution Phone #	%	\$
22	Yes	No	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/financial institution(s)	%	\$
22	105	NO	Name of financial institution Phone #		
			2)Name of financial institution Phone #Phone # I have an IRA/Lump Sum Pension/Keogh Account/401K.	%	\$
			If yes, list financial institution(s)		
23	Yes	No	1) Name of financial institution Phone #	%	\$
			2) Name of financial institution Phone #	%	\$
24	Yes	No	I have a whole life insurance policy (policy has CASH VALUE). If yes, how many policies		
			1) Name of financial institution Policy #		\$
			2) Name of financial institution Policy #		\$
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:		
			Item Disposed of Date disposed		\$
			I have other personal property held as an investment, other income from assets or sources other than listed above.		
27	Yes	No	If yes, list type below:	%	\$
			Asset type 2)	%	\$
			Asset type		

### HOUSING assistance

Yes	No	Will the household receive Section 8 housing assistance?	List agency name, contact person and phone #
-----	----	--	--

Signature: \_\_\_\_\_

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

Revised 10/21/2019 HKP-402



3 of 3| P a g e

