



HOME PROGRAM INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____

- Initial Certification
 Re-certification
 Other

Unit # _____

INCOME INFORMATION

Yes No

MONTHLY GROSS INCOME
(use net income from business)

<input type="checkbox"/>	<input type="checkbox"/>	I am self employed (List nature of self employment) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	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 style="text-align: center;"><u>Name of Employer</u></p> 1) _____ 2) _____ 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	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments	\$ _____
<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.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<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) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401 K If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, trade school, etc)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household consist of all persons who have been a full-time student in the previous 5 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
		If you answered yes to either of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/ Cal Works – Not SSA/ SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (age 18-24)

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.

HOME Application to Rent



Rental policy: Landlord does not discriminate based on age, race, color, religion, sex, disability (mental or physical), national origin, marital status, familial status or sexual orientation. All rental applications are evaluated based on rental history, ability to pay and credit history. The application fee must be paid by all applicants and is non-refundable. On-site employees are not permitted to return money to applicants.

Property Name: _____ Unit #: _____
 Unit type desired: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

PLEASE PRINT VERY CLEARLY

All prospective tenants 18 years or older must fill out a rental application

Applicant: _____ E-mail address: _____
 First name: _____ Last Name: _____ Middle initial: _____
 Birthdate: _____ SS#: _____ D/L#: _____
 Home #: () _____ Work or Other #: () _____
 Cell phone #: () _____ May we contact you at the phone number above? Yes No

LIST ALL ADDITIONAL PERSONS WHO WILL OCCUPY THE APT WITH YOU (DO NOT LIST YOURSELF)

Name:	SSI #	Date of birth:	Age	Relationship to Applicant

RESIDENCE HISTORY

Have you ever rented an apartment in your name and signed a rental agreement? Yes No

Where do you live now?

Number & street name _____ Apt _____ City & State _____ Zip code _____
 How long at this address? _____ years _____ months How much do you pay per month? _____
 Landlord's name: _____ Phone number:() _____
 Landlord's mailing address: _____ City State & Zip C _____
 Fax number:() _____ Do you pay utilities: _____ Do you currently own or rent? _____
 Why do you want to move? (be specific): _____

Where did you live before?

Number & street name _____ Apt _____ City & State _____ Zip code _____
 How long at this address? _____ years _____ months How much did you pay per month? _____
 Landlord's name: _____ Phone number:() _____
 Fax number:() _____ Did you pay utilities: _____ Did you own or rent? _____
 Why did you move? (be specific): _____

Maximum Income Limits

	50% of AMI	80% of AMI
1 person	\$23,300	\$37,300
2 persons	\$26,650	\$42,650
3 persons	\$29,950	\$47,950
4 persons	\$33,300	\$53,300
5 persons	\$35,950	\$57,550
6 persons	\$38,650	\$61,850
7 persons	\$41,300	\$66,100
8 persons	\$43,950	\$70,350

INCOME INFORMATION

PLEASE PRINT VERY CLEARLY - THIS WILL BE FAXED

Current Income source: _____

Address _____ City _____ State _____ Zip _____

How are you paid (check one): Weekly Every other week Twice a month Monthly other: _____

Gross income before deductions: \$ _____ Job title: _____

Supervisor's name: _____ Phone number: () _____

Date income started: _____ Fax number: () _____

(IF CURRENT EMPLOYMENT IS LESS THAN 2 YEAR PRIOR EMPLOYMENT MUST BE FILLED OUT)

Additional Income source: _____

Address _____ City _____ State _____ Zip _____

Gross income before deductions: \$ _____ Type of assistance: _____

Source's name: _____ Phone number: () _____

Start date: _____ End date: _____

Prior Income source: _____

Address _____ City _____ State _____ Zip _____

Gross income before deductions: \$ _____ Job title: _____

Supervisor's name: _____ Phone number: () _____

Date employment started: _____ Date employment ended: _____

OTHER INFORMATION

ZERO INCOME VERIFICATION:

Are you or any other adult member of your household claiming zero income? Yes No

Names: _____

If so, why? _____

HANDICAP ACCESSIBLE:

Yes No

Is there anyone in the household disabled or handicapped?

SECTION 8 RENTAL ASSISTANCE:

Yes No

Will your household be receiving Section 8 rental assistance at the time of move-in?

Name of Agency: _____

Contact Person: _____

Yes No

Do you expect any additions to the household within the next twelve months?

Yes No

Are you or any other adult member of your household currently a student?

If yes, attending part-time or full time? _____

Yes No

Have you or any adult member of your household been a student within the past 12 months?

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Daytime phone number _____

Name _____ Relationship _____ Daytime phone number _____

Applicant represents that all of the information on this application is true and correct and authorizes verification including the obtaining of a credit report now and again in the future. Incorrect information will result in denial of the application. The application fee is non-refundable. By signing, applicant states: "I understand that inquiries will be made about me. I authorize, without reservation, any party or agency to furnish completely and without limitation any and all information about me. I understand the information contained in, or obtained during the processing of this application may be shared with third parties including, but not limited to, my current, previous or future creditors or their representatives and may be used for collection of a present or future debt. I release from liability any third party or user of information contained in or related to my application."

Applicant's signature _____

Date _____

