

# TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

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

<b>9.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.	\$ _____
<b>10.</b>	<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>	\$ _____
<b>11.</b>	<input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>  n/a  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments ( <i>court ordered or parental agreement</i> )  I am currently receiving child support payments If yes, from how many persons do you receive support? _____  I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made:  _____ _____ _____	Total amount of support received:   \$ _____
<b>12.</b>	<input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>  n/a  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive alimony or spousal support payments ( <i>court ordered or divorce agreement</i> )  I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? _____  I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made:  _____ _____ _____	Total amount of support received:   \$ _____
<b>13.</b>	<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:  _____ _____	\$ _____ \$ _____

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**Yes No**

<b>14.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	I receive income from real or personal property.	(use net earned income) \$ _____
<b>15.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	I receive student financial aid ( <i>public/private, exclude loans</i> ) Subtract cost of tuition from aid received  <i>* For households receiving Section 8 assistance only</i>	\$ _____
<b>16.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	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: _____ _____
<b>17.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

### ASSET INFORMATION

**Yes No**

			Interest Rate	Current Value
<b>18.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	I have a checking account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
<b>19.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	I have a savings account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
<b>20.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	I have funds on an EBT card, Debit Visa, or Debit MC		Current Balance: \$ _____
<b>21.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc.  Source: _____ _____		\$ _____ \$ _____

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	Yes	No		Interest Rate	Current Value
<b>22.</b>	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s)  If yes, list bank(s) 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
<b>23.</b>	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____		  \$ _____ \$ _____
<b>24.</b>	<input type="checkbox"/>	<input type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____	Average Change over a 3 month period:  _____ % _____ %	  \$ _____ \$ _____
<b>25.</b>	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Rate of return or 3 month average:  _____ % _____ %	  \$ _____ \$ _____
<b>26.</b>	<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. _____	  _____ % _____ %	  \$ _____ \$ _____
<b>27.</b>	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, lump sum pension, Keogh account, or 401K. If yes, list bank(s): 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
<b>28.</b>	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value.  If yes, how many policies? _____		  \$ _____
<b>29.</b>	<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. _____		  \$ _____ \$ _____

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<b>30.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have cash on hand in excess of \$250.		\$ _____
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**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 <b>entire</b> household consist of people who are currently <u>full-time</u> students?
<input type="checkbox"/> <input type="checkbox"/>	Does the <b>entire</b> 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>

**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