

UNITED MANAGEMENT

Housing Credit Program Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment with you (including yourself)

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

- YES NO 1. Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
- YES NO 2. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship: _____
 Explanation: _____
- YES NO 3. Do you have full custody of your child(ren)?
 Explanation: _____
- YES NO 4. Are there any absent household members who under normal conditions would live with you? (For example: a household member away in the military.)
 Explanation: _____
- YES NO 5. Does your household have or anticipate having any pets other than those used as service animals?



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Rental History

- YES** **NO**
- 6. Have you or any one else named on this application filed for bankruptcy?**
Explanation: _____
- 7. Have you or any one else named on this application been convicted of a felony?**
Explanation: _____
- 8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?**
Explanation: _____
- 9. Have you or any one else named on this application been convicted of property damage?**
Explanation: _____
- 10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?**
Explanation: _____

Housing References

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	From: _____
Phone:	_____(____)_____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	From: _____
Phone:	_____(____)_____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	From: _____
Phone:	_____(____)_____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ **Relationship:** _____ **Years Known:** _____



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Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1: _____	_____	_____
Vehicle #2: _____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

(EMC # 01)	<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

YES NO

12. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)

(EMC # 02)	<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

YES NO

13. Regular pay as a member of the armed forces?

(EMC #3)	<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

YES NO

14. Unemployment benefits or workman's compensation?

(EMC #04)	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____



YES NO

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?
(Food Stamps, Medicaid, Daycare Voucher, etc)

(EMC #05)	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

YES NO

If yes, If no,

16. (a) Child support or Alimony?

(EMC #06) (EMC #19)	<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency** Name of Agency: _____
- Court of Law** Name of Court: _____
- Directly from Individual** Name of Person: _____
- Other** Explain: _____

YES NO

(c) If money is not actually received, are you taking legal action to remedy?

(If yes, obtain court papers) Explanation: _____

YES NO

17. Social Security, SSI or any other payments from the Social Security Administration?

(EMC #07)	<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

YES NO

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

(EMC #08)	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

YES NO

19. Regular payments from a severance package?

(EMC #08)	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____

YES NO

20. Regular payments from any type of settlement? (For example: insurance settlements.)

(EMC #08)	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____

YES NO

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

(EMC #08)	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____



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YES NO

22. Educational grants, scholarships, or other student benefits?

(EMC #13)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

23. Regular payments from lottery winnings or inheritances?

(EMC #08)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

24. Regular payments from rental property or other types of real estate transactions?

(EMC #08)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

25. Any other income sources or types not listed?

(EMC #08)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

27. Checking or savings account?

(EMC #09)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

28. CDs, money market accounts or treasury bills?

(EMC #09)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

29. Stocks, bonds, or securities?

(EMC #10)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



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10/31/97
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YES NO

30. Trust funds?

(EMC #09)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

31. Pensions, IRAs, Keogh or other retirement accounts?

(EMC #09)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

32. Cash on hand over \$500.00?

(EMC #13)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile home, vacant land, farms, vacation homes or commercial property.)

(EMC #10)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

34. Personal property held as an investment?

(EMC #10)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

35. A safe deposit box?

(EMC #13)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

36. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

(EMC #11)

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

YES NO

37. Are you or any other ADULT household members claiming zero income?

(EMC #20)

Household Member: _____

Explanation: _____



YES NO

38. Have you or any other household member (INCLUDING MINORS) been a full-time student or part-time student within the last 12 months?

(EMC #12 & #18) Household Member: _____

YES NO

39. Are you or any other household member (INCLUDING MINORS) currently a full-time student or part-time student or expect to be one in the next 12 months?

(EMC #12 & #18) Household Member: _____

Student Status: If all members of the household are Full-time Students, indicate which Exemption qualifies this household:

- Household is comprised of a single parent and child, neither of whom is dependent on a third party;
- Applicant and Co-applicant are married and file a joint tax return;
- Household receives AFDC or TANF;
- Head of Household in an approved State or Federal job training program:

YES NO

40. Will you or any ADULT household member require a live-in care attendant to live independently?

(EMC #15 & #21) Name of Attendant: _____

Relationship (if any): _____

YES NO

41. Do you have any child care expenses? – Section 8 Only:

Child care cost due to employment and/or education \$ _____ per month.

Name of child care agency or individual providing care: _____

Address: _____

Phone #: _____

YES NO

42. Are you reimbursed for any portion of your child care expenses? – Section 8 Only:

Name: _____ Date: _____

Address: _____

Phone Number: _____

YES NO

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

Name of Agency: _____

Contact Person: _____

YES NO

44. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____



Signature Clause

I understand that management is relying on this information to prove my household’s eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date

For Office Use Only

Date of Interview _____ **Desired Apt #:** _____ **Desired Move-in Date:** _____

