**RECERTIFICATION QUESTIONNAIRE**

Property Name:­­­­­­­­­­­­­­­       Effective Date:       Unit #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Household Composition:

 Relation Date of Gender Social Student If Yes, PT

 Name(s) to Head Birth (M/F) Security # (Y/N) or FT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | HEAD |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

Please answer the following: Monthly Household Member

Income Source Amount

Employment 1 Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment 2 Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self Employment Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplemental Security Income (SSI) Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pension/Veteran’s Administration Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support/Alimony Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TANF/AFDC Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Benefits Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workers Compensation Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asset Source Cash Value Household Member

Checking Account Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Account Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate of Deposit Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stocks, Bonds, Mutual Funds Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Annuities Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement Fund (IRA, Keogh, 401K) Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance (Whole or Universal) Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate or Rental Property Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposed of an Asset within last 2 years Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ]  No [ ]  \_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

All household members age 18 or older must sign and date.

Signature *(Date)* Signature *(Date)*

Signature *(Date)* Signature *(Date)*