



Supplemental Applicant Questionnaire

Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

Head of Household only answer Yes or No to each of the following questions for the household:

YES	NO	
_____	_____	1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____ Explanation: _____
_____	_____	2. Are all members of the household full time students?
_____	_____	3. Does anyone in the household attend an institute of higher education? If yes, do they receive financial assistance for tuition? If yes, name of household member receiving financial assistance for tuition _____
_____	_____	4. Do you or any member of your household have a Section 8 voucher? If yes, name of Housing Authority _____
_____	_____	5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____
_____	_____	6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____

Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

Answer each YES –NO question. For each YES include the gross amount and frequency.

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$



	Worker's Compensation	\$
	AFDC / TANF / Welfare Grant	\$
	Are you entitled to receive alimony?	
	Do you receive alimony? (enter amount)	\$
	Do you have at least 50% custody of your children?	
	Are you entitled to receive child support?	
	Do you receive child support? (enter amount)	\$
	Military Pay	\$
	Net income from a business	\$
	Contributions from anyone outside the household	\$
	Does anyone else in the household have income?	
	Any income from assets?	\$
	Any income from sources not mentioned above?	\$
	Do you anticipate any changes to your income within the next 12 months? If yes, explain: _____	

Asset Information: List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

Complete Only for Sites with Project Based Subsidy

1. Are you a Military Veteran? Yes ___ No ___
2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?
Yes ___ No ___
3. Do you pay for child care which allows you or another family member to work or to go to school?
Yes ___ No ___
If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: _____

Elderly/Disabled Families Only

4. Do you have disability assistance expenses which allow an adult household member to work?
 Yes ___ No ___
 If yes, list type, amount, and name of family member enabled to work _____
5. Do you have Medicare? Yes ___ No ___
6. Do you participate in the Medicare Prescription Drug Plan? Yes ___ No ___
 If yes, list provider and premium amount _____
7. Do you have any other kind of medical insurance? Yes ___ No ___
8. Do you have any outstanding medical bills that you are making payments on? Yes ___ No ___
9. Do you expect to have any medical expenses during the next 12 months not covered by insurance?
 Yes ___ No ___ If yes, list type and amount _____

Certification by Applicant:

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

 Applicant Date

 Management Date