## QUESTIONNAIRE OF INCOME/ASSETS/ALLOWANCES FOR CERTIFICATION

List All Household Members: (List adults 18 yrs. of age & older in top section; list children in bottom section.)

ADULTS

| Full Name | Relationship | Birthdate | Phone Number |
|---|---|---|---|
| | | / / | |
| | | / / | |
| | | / / | |

CHILDREN

| Full Name | Relationship | Birthdate | Full Name | Relationship | Birthdate |
|---|---|---|---|---|---|
| | | / / | | | / / |
| | | / / | | | / / |
| | | / / | | | / / |
| | | / / | | | / / |

**On the following questions, if more than one person in the Household, indicate the person(s) name on the "....." who has the income, asset, or allowance.**

***Income:***

| | | YES | NO |
|---|---|---|---|
| 1) | Is any household member currently receiving income from any of the following sources? | | |
| | Wages/Salaries ..... | ☐ | ☐ |
| | Name of Employer: _____ | | |
| | If employer listed here agrees with EIV, please provide 6 check stubs | | |
| | Are wages earned through a government program such as JTPA? ..... | ☐ | ☐ |
| | If **yes**, which program?_____ | | |
| | Net Income from operation of business ..... | ☐ | ☐ |
| | Social Security ..... | ☐ | ☐ |
| | If **yes**, what SS# do you draw under?_____ | | |
| | Amount of Social Security Benefits: _____ | | |
| | If SS amount listed here matches EIV no additional verification required | | |
| | Retirement/Pensions/Annuities ..... | ☐ | ☐ |
| | Disability/SSI ..... | ☐ | ☐ |
| | Amount of Social Security Benefits: _____ | | |
| | If SS amount listed here matches EIV no additional verification required | | |
| | Unemployment ..... | ☐ | ☐ |
| | TANF ..... | ☐ | ☐ |
| | Alimony/Child Support ..... | ☐ | ☐ |
| | Income from Rent or Sale of Property ..... | ☐ | ☐ |
| | Regularly recurring contributions or gifts ..... | ☐ | ☐ |
| | File a federal tax return for last year ..... | ☐ | ☐ |
| 2) | Are there any adult members of the household (18 years of age or older) whom are receiving income which is not listed above? ..... | ☐ | ☐ |
| | If **yes**, explain:_____ | | |

***Eligibility:*** **YES** **NO**

1) Is any household member subject to a State Sex Offender registration requirement? ☐ ☐
   If **yes**, please indicate which household member: .....
2) Is any household member enrolled at an institution of higher education? ☐ ☐
   If **yes**, does this member receive financial assistance?..... ☐ ☐
   If **yes**, is this member under the age of 24?..... ☐ ☐
   If **yes**, is this member a veteran?..... ☐ ☐
   If **yes**, is this member disabled? ..... ☐ ☐
3) Is any household member a member or veteran of the US Military…… . ☐ ☐

***Assets:*** **YES** **NO**

1) Does any household member have any of the following:
   Checking Account(s) ..... ☐ ☐
   Saving Account(s) ..... ☐ ☐
   Debit/Pay Card ..... ☐ ☐
   Certificate of Deposit ..... ☐ ☐
   Money Market Funds ..... ☐ ☐
   IRA/Keogh Accounts ..... ☐ ☐
   Stocks/Bonds ..... ☐ ☐
   Trust Funds ..... ☐ ☐
   If **yes**, is the trust irrevocable? ..... ☐ ☐
   Equity in Property ..... ☐ ☐
   Cash Held (safety deposit boxes, etc.) ..... ☐ ☐
   Whole life or universal life insurance policy ..... ☐ ☐
   Other_____ ..... ☐ ☐
2) Has any household member received any lump sum payments, such as ...
   Inheritances ..... ☐ ☐
   Lottery Winnings ..... ☐ ☐
   Insurance or Social Security Settlements ..... ☐ ☐
   Other_____ ..... ☐ ☐
3) Has any household member disposed of any assets for less than Fair Market Value in the past two (2) years? ..... ☐ ☐
4) Are any assets held jointly with another person? ..... ☐ ☐

***Allowances:*** **YES** **NO**

1) Are you currently paying for child care services for any children under age 13 in your household?..... ☐ ☐

   If **yes**, is this service necessary in order for you to be employed or attend school? ☐ ☐

   If **yes**, are any or all of these expenses reimbursed by outside sources? ☐ ☐

2) Are you, your Spouse, or Co-Head 62 years of age or older?..... ☐ ☐

   Are you, your Spouse, or Co-Head disabled as defined by the Social Security Administration?..... ☐ ☐

   If "**yes**" to either of the above, answer the following questions. If "**no**", go to item #3.

   Do you have regularly recurring expenses for any of the following?
   Services of physicians..... ☐ ☐
   Medical insurance premiums ..... ☐ ☐
   Long Term Care Insurance Premiums ..... ☐ ☐
   Prescription/over-the-counter medicines prescribed by a doctor ..... ☐ ☐

Attendant Care ..... ☐ ☐
Auxiliary apparatus & upkeep (wheelchair, etc.) ..... ☐ ☐
Dental expenses ..... ☐ ☐
Eyeglasses/hearing aids ..... ☐ ☐
Payments on accumulated medical bills ..... ☐ ☐
Payments to rent or purchase necessary hospital appliances/equip. ☐ ☐
Other_____ ..... ☐ ☐

3) Are any other members of the household handicapped or disabled?..... ☐ ☐

If "**yes**", answer the following questions. If "**no**", go to item #4.

Do you have regularly recurring expenses for either of the following?
Attendant Care ..... ☐ ☐
Auxiliary apparatus & upkeep (wheelchair, etc.) ..... ☐ ☐
Are these expenses necessary to allow you, the handicapped/disabled person, or some other adult member of the household to be employed? ☐ ☐

4) Are you being reimbursed directly, by insurance, SSI, Medicare, social services or some other outside source, for any or all of the expenses detailed in Items 2 and 3 above? ..... ☐ ☐

If **yes**, please specify:

_____

_____

I CERTIFY THAT I HAVE BEEN ASKED THE ABOVE STATEMENTS AND THE ANSWERS I HAVE GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF MY INCOME, ASSETS, MEDICAL EXPENSES, CHILD CARE, PRESCRIPTION DRUG EXPENSES, ETC., IS IN DIRECT VIOLATION OF MY FAMILY OBLIGATIONS AND COULD RESULT IN TERMINATION OF ASSISTANCE AND POSSIBLE PROSECUTION UNDER APPLICABLE FEDERAL LAWS.

***All Residents/Applicants 18 years of age or older must execute this document.***

**SIGNATURES:**

RESIDENT BY: DATE SIGNED

1._____ ___/___/___

2._____ ___/___/___

3._____ ___/___/___

4._____ ___/___/___

5._____ ___/___/___

HCV COORDINATOR:

By:_____ ___/___/___

Title:_____

This program provides housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or disability in the admission and/or access to any programs and activities. TTY users can call the office using their state relay center or the Nationwide Relay Center at 711.