

**SAMPLE
ELIGIBILITY, INCOME AND DEDUCTION CHECKLIST**

This form is to be completed by the head of household and/or the co-head.

LIST ALL PEOPLE PROPOSED TO LIVE IN UNIT

<u>Name</u> (Last, First, M.I.)	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

ELIGIBILITY

YES NO

- | | | | |
|----|--|-------|-------|
| 1. | Do you have a family who is absent from the home due to:
Employment
Military Service
Placement in foster care
Temporarily in nursing home or hospital
Permanently confined to a nursing home
Away at school
Away at school with an established residence (lease)
Other | _____ | _____ |
| 2. | Do you have a live-in attendant?
If yes, is the live-in attendant your adult child or related to you in any way? | _____ | _____ |
| 3. | Expected changes in household:
Baby due on _____
Adopting a child(ren) on _____
Obtaining custody of a child(ren) on _____
Obtaining joint custody of a child(ren) on _____
Receiving a foster adult/child(ren) on _____ | _____ | _____ |
| 4. | Are you, or a family member, enrolled either part-time or full time at an institution of higher education? | _____ | _____ |
| 5. | Are you, or is any member of your household subject to a lifetime sex offender registration?
If yes, list all states in which every household member has resided:

_____ | _____ | _____ |
| 6. | Have you, or any household member, been evicted from Federally assisted housing in the last three years for drug-related criminal activity? | _____ | _____ |
| 7. | Are you, or any household member, engaged in illegal use of a drug or have had a pattern of illegal use that would interfere with the health safety or right to peaceful enjoyment of the premises by others? | _____ | _____ |
| 8. | Do you, or any household member, currently or previously have a pattern of alcohol abuse that interferes with the health, safety or right to peaceful enjoyment of the premises by other residents? | _____ | _____ |

INCOME, ASSETS AND DEDUCTIONS

A. Income:

YES NO

- | | | | |
|----|---|-------|-------|
| 1. | Are you or any other members of the household currently receiving income from any of the following sources? | _____ | _____ |
|----|---|-------|-------|

Wages/salaries _____
 Wages earned through a government program such as Senior Aides, Older American Community Service Employment, AmeriCorps _____
 If yes, which program? _____
 Tips, bonuses or commissions _____
 Overtime pay _____
 Income from operation of a business _____
 Social Security _____
 Disability/SSI _____
 Death Benefits _____
 Pensions/retirement funds _____
 Annuities or non-revocable trust _____
 Unemployment _____
 Military Pay _____
 Workman's Compensation _____
 Public Assistance/TANF _____
 Alimony _____
 Child Support _____
 Income from rent or sale of property _____
 Periodic payments from lottery winnings _____
 Regular recurring contributions or bills paid from persons or agencies outside of Household _____
 Insurance policies _____
 Severance pay _____
 Student financial assistance _____
 If yes, what is the source(s) of the financial assistance? _____
 If yes, how much financial assistance is received? _____
 If yes, what is the cost of tuition? _____
 Other _____

2. Did you or any other members of the household file a federal tax return last year? _____
3. Are there any adult members of the household (18 years of age or older) receiving income not listed above? _____
 If yes, specify the source of income _____

B. Assets:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Do you or any other members of the household have any of the following: | | |
| Checking accounts | _____ | _____ |
| Savings accounts | _____ | _____ |
| Certificates of deposit | _____ | _____ |
| Money Market funds | _____ | _____ |
| IRA/Keogh account | _____ | _____ |
| Stocks | _____ | _____ |
| Bonds | _____ | _____ |
| Treasury bills | _____ | _____ |
| Trusts | _____ | _____ |
| If yes, is the trust irrevocable? | _____ | _____ |
| Real estate | _____ | _____ |
| Whole life or universal life insurance policy | _____ | _____ |
| Cash held in safety deposit boxes or home | _____ | _____ |
| Assets held in another state or foreign country | _____ | _____ |
| Other | _____ | _____ |
| 2. Have you or any other members of the household received any lump sum payments, such as: | | |
| Inheritance | _____ | _____ |
| Lottery winnings | _____ | _____ |
| Insurance settlements | _____ | _____ |
| Other | _____ | _____ |
| 3. Have you or any other household member disposed of any asset(s) for less than fair market value in the past two (2) years? | _____ | _____ |
| 4. Do you or any other household members have any assets that are held jointly with another person? | _____ | _____ |

C. Deductions:

YES

NO

- | | | | |
|----|---|-------|-------|
| 1. | Are there any fulltime students 18 years of age or older in the household? | _____ | _____ |
| 2. | Is any household member elderly (62 or older) or a person with disabilities? | _____ | _____ |
| 3. | Do you have medical expenses that are not paid for by an outside source such as insurance? | _____ | _____ |
| 4. | Do you have disability expenses that are not paid for by an outside source?
If yes, is this service necessary to enable a family member (including the member with a Disability) to be employed? | _____ | _____ |
| 5. | Do you have attendant care expenses?
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? | _____ | _____ |
| 6. | Do you currently pay for childcare services for any children under the age of 13, residing in your household?
If yes, is this service necessary in order for you to be employed, look for work, or to attend school?
If yes, are any of these expenses reimbursed by an outside source? | _____ | _____ |

Penalties for Committing Fraud: The United States Government places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted
- Required to repay any overpaid rental assistance you may have received
- Fined up to \$10,000
- Imprisoned for up to five (5) years
- Prohibited from receiving low income housing

Your state and local governments may have other laws and penalties as well.

By signing below I am certifying that I have completed this questionnaire and that all answers that I have given are true and complete to the best of my knowledge.

_____	/	/
Head of Household	Date	
_____	/	/
Co-head of Household	Date	
_____	/	/
Other Adult	Date	

