

**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:<br>Employment<br>Military Service<br>Placement in foster care<br>Temporarily in nursing home or hospital<br>Permanently confined to a nursing home<br>Away at school<br>Away at school with an established residence (lease)<br>Other | _____ | _____ |
| 2. | Do you have a live-in attendant?<br>If yes, is the live-in attendant your adult child or related to you in any way?  | _____ | _____ |
| 3. | Expected changes in household:<br>Baby due on _____<br>Adopting a child(ren) on _____<br>Obtaining custody of a child(ren) on _____<br>Obtaining joint custody of a child(ren) on _____<br>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?<br>If yes, list all states in which every household member has resided:<br><br>_____  | _____ | _____ |
| 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:**

**YES**                      **NO**

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?<br>If yes, is this service necessary to enable a family member (including the member with a Disability) to be employed?   | _____<br>_____          | _____<br>_____          |
| 5. | Do you have attendant care expenses?<br>If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?  | _____<br>_____          | _____<br>_____          |
| 6. | Do you currently pay for childcare services for any children under the age of 13, residing in your household?<br>If yes, is this service necessary in order for you to be employed, look for work, or to attend school?<br>If yes, are any of these expenses reimbursed by an outside source? | _____<br>_____<br>_____ | _____<br>_____<br>_____ |

**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.

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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	

