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

### List All People Proposed to Live in Unit

<table>
<thead>
<tr>
<th>Name (Last, First, M.I.)</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security #</th>
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### Eligibility

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
   - YES
   - NO

2. Do you have a live-in attendant?
   - YES
   - NO
   - 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 ________________
   - YES
   - NO

4. Are you, or a family member, enrolled either part-time or full time at an institution of higher education?
   - YES
   - NO

5. Are you, or is any member of your household subject to a lifetime sex offender registration?
   - YES
   - NO
   - 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?
   - YES
   - NO

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?
   - YES
   - NO

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?
   - YES
   - NO

### Income, Assets and Deductions

#### Income:

1. Are you or any other members of the household currently receiving income from any of the following sources?
   - YES
   - NO
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
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: 

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:  

1. Are there any full-time students 18 years of age or older in the household?  
   YES  NO

2. Is any household member elderly (62 or older) or a person with disabilities?  
   YES  NO

3. Do you have medical expenses that are not paid for by an outside source such as insurance?  
   YES  NO

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?  
   YES  NO

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?  
   YES  NO

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?  
   YES  NO

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  

Co-head of Household  

Other Adult  

/ /