



# INCOME & ASSET QUESTIONNAIRE FOR LIHTC HOUSING

A separate form is to be completed by each ADULT household member – 18 year of age or older

This Questionnaire is for (Check one):	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Recertifying Tenant	<input type="checkbox"/> Other
Name:	Total Household Size:		
Unit # (if applicable):	# of Adults (18 & older):		
Phone#:	# of Children:		

Income is counted for anyone 18 or older (or legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

INCOME INFORMATION		Answer all questions <b>Yes</b> or <b>No</b> by placing a check (✓) in the appropriate box. Please make sure you have answered every question completely. If you answer 'Yes', include complete addresses where the information can be verified and the amount anticipated to be received. If the question does not apply, answer <b>No</b> . Do not leave any questions unanswered.	
	<b>Yes</b>	<b>No</b>	<b>Include all income you are receiving, anticipate receiving or are entitled to receive in the next 12 months. Include unearned income you receive on behalf of a minor in your household.</b>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employment wages/salaries from <u>current</u> or <u>anticipated</u> jobs? (circle which – current or anticipates)</b> (Include base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays) employ.ver nonemp.cer seasonal.cer Name, address & phone to verify information. List all employers for whom you work: _____ Amount anticipated – Job 1? \$ _____ _____ Amount anticipated – Job 2? \$ _____ _____ Amount anticipated – Job 3? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
2.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Self Employed? (Must provide last 2 years tax returns to support projected income.)</b> (Include salaries received from business and net business income. Include any payments received in cash.) selfemp.cer 2 years Taxes Type of business? _____ Net Business income anticipated for the next 12 months? \$ _____ How long in this business? _____ Do you run this business out of your home? (circle one) Yes / No
3.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Regular pay as an <u>active</u> member of the Armed Forces including the Reserves or National Guard?</b> (Include all allowances even if not taxable) military.ver Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
4.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Unemployment Benefits, Workman's Compensation or any form of Severance Pay?</b> other.ver unemploy.ver Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
5.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Court order or private agreement for receiving Child or Spousal Support? (Copies of all court orders must be provided. We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but is being received directly from the payer through a private agreement.)</b> childsup.ver childsup.cert fssa – kids line Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually

	<u>Yes</u>	<u>No</u>	<b>INCOME INFORMATION (CONTINUED)</b>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cash Assistance from Public Aid in the form of TANF? (DO NOT INCLUDE FOOD STAMPS)</b>	
			public.ver	Name, address & phone to verify information: _____ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Social Security, SSI, SSD or any other payment from the Social Security Administration?</b>	
			current benefit letter	Claim Number(s) must be listed here: _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Unearned income from family members age 17 or under? (This includes payments from Social Security, Trust Fund disbursements, etc.)</b>	
			current benefit letter	Name, address & phone to verify information: _____ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Regular payments from a Pension, Veteran's Benefit, Life Insurance Policy, Annuity or other Retirement Benefit?</b>	
			other.ver veteran.ver	Name, address & phone to verify information: _____ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Regular payments from any type of Settlement, Inheritances, Trust Funds, or Lottery Winnings?</b>	
			other.ver	Name, address & phone to verify information: _____ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Regular Gifts or Payments from anyone outside of your immediate household?</b> (This includes anyone supplementing your income or paying any of your bills)	
			other.ver	Name, address & phone to verify information: _____ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Regular payments from Rental Property or other types of Real Estate Transactions?</b>	
			other.ver	Name, address & phone to verify information: _____ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Assistance for Higher Education?</b> Include Grants, Scholarship, (Loans may be listed but are not included) Note: Income is only counted if household receives Section 8 rental assistance	
			financial aid transcript	Name, address & phone to verify information: _____ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Regular payments received from any other source not listed?</b>	
			other.ver	Name, address & phone to verify information: _____ _____

ASSET INFORMATION		Answer all questions <u>Yes</u> or <u>No</u> by placing a check (✓) in the appropriate box. Please make sure you have answered every question completely. If you answer 'Yes', include complete addresses where the information can be verified and the amount anticipated to be received. If the question does not apply, answer 'No'. Do not leave any questions unanswered.		
	<u>Yes</u> <u>No</u>	<b>Include all assets held and the income derived from the asset. Include all assets held by minors.</b> (If additional space is needed to list assets, attach a separate sheet of paper.)		
15.	<input type="checkbox"/> <input type="checkbox"/> bank.ver	<b>Checking or Savings Accounts or Direct Debit / Pay Cards?</b> (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
16.	<input type="checkbox"/> <input type="checkbox"/> bank.ver	<b>CD's or Money Markets?</b> (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
17.	<input type="checkbox"/> <input type="checkbox"/> asset.ver	<b>Stocks, Bonds, Mutual Funds or Treasury Bills?</b> (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
18.	<input type="checkbox"/> <input type="checkbox"/> life/annuity.ver	<b>Whole Life Insurance Policies or Annuity Contracts with cash values?</b> (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
19.	<input type="checkbox"/> <input type="checkbox"/> asset.ver	<b>Cash in retirement accounts such as IRAs, Keogh, 401K, Lump Sum Pensions, etc.?</b> (List only those accounts <b>not</b> currently being distributed on a regular basis.)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
20.	<input type="checkbox"/> <input type="checkbox"/> asset.ver	<b>Revocable Trust Funds?</b>		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
21.	<input type="checkbox"/> <input type="checkbox"/> realest.ver	<b>Real Estate, Rental Property, Land Contracts/contracts for deeds or other Real Estate Holdings?</b> (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)		
		Address or Legal Description:		Cash Value:
		_____		_____
		_____		_____

		<b>ASSET INFORMATION (CONTINUED)</b>						
22.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Have you disposed of or given away any asset for Less than fair market value within the past 2 years?</b>					
	disposal.ver		<table border="1"> <tr> <td>Explain:</td> <td>Fair Market Value:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Explain:	Fair Market Value:	_____	_____	_____
Explain:	Fair Market Value:							
_____	_____							
_____	_____							
23.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Have you received any Lump Sum payments in the past to 2 year or anticipate any in the next year?</b>					
	lumpsum.ver		<table border="1"> <tr> <td>Explain: (Where is the money now?)</td> <td>Cash Value:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Explain: (Where is the money now?)	Cash Value:	_____	_____	_____
Explain: (Where is the money now?)	Cash Value:							
_____	_____							
_____	_____							

		<b>MISCELLANEOUS</b>						
24.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Do you receive Section 8 Rental Assistance through the Local Housing Authority or CAP office?</b>					
	Section 8.ver		<table border="1"> <tr> <td>Name, address &amp; phone to verify information:</td> <td>Amount anticipated?</td> </tr> <tr> <td>_____</td> <td>\$ _____ / month</td> </tr> <tr> <td>_____</td> <td></td> </tr> </table>	Name, address & phone to verify information:	Amount anticipated?	_____	\$ _____ / month	_____
Name, address & phone to verify information:	Amount anticipated?							
_____	\$ _____ / month							
_____								
25.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Are you currently a Student, expect to be one in the next 12 months or have been one for any part of five or more months of the current calendar year?</b>					
	Student.ver		<table border="1"> <tr> <td>Name and location of School</td> <td>Is your Student Status –</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Full Time</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Less than Full Time</td> </tr> </table>	Name and location of School	Is your Student Status –	_____	<input type="checkbox"/> Full Time	_____
Name and location of School	Is your Student Status –							
_____	<input type="checkbox"/> Full Time							
_____	<input type="checkbox"/> Less than Full Time							

I understand that the Owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) or HUD HOME Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. **Any falsification or misrepresentation of information will be considered a material breach of the lease agreement.** I hereby swear that to the best of my knowledge, the above information is true, correct and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the LIHTC or HOME Program requirements.

I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date



# IRS STUDENT STATUS CERTIFICATION

*One form must be completed by each adult member of the household*

**Checkmark the one statement (1, 2 or 3 ) that applies to your household** - (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- 1.  My Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
  
- 2.  My Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.
  
- 3.  My Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). ***If this statement is check marked, then check all statements (a,b,c,d and e) below that apply to your household.***
  - a.  Is at least one student receiving assistance under Title IV of the Social Security Act? (TANF/AFDC assistance)
  - b.  Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)
  - c.  Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)
  - d.  Does this household consist entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
  - e.  Are the students married and entitled to file a joint tax return?

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If verification does not support the exception indicated, the household is considered an ineligible student household.*

**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Resident

**COVER SHEET / FAX TRANS.  
AUTHORIZATION TO RELEASE INFORMATION**

From:  
 ATTN:  
 The Hawks (c/o Arbor Ridge Apartments)  
 413 Arbor Court  
 Goshen, Indiana 46528  
 Phone: 574-537-1896  
 Fax: 574-537-1897

Date: \_\_\_\_\_  
 Number of pages including cover sheet: \_\_\_\_\_

\*\*\*\*\*  
**THE ATTACHED DOCUMENT IS**  
**A STATE REQUIRED FORM**  
 \*\*\*\*\*

The undersigned individual(s) has applied for residency at federal housing. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:


All regular sources of <b>Income</b> from but not limited to: wages, retirement, death and disability benefits, public aid, child support, settlements, gift, etc.	Identity and Marital Status	Residences and Rental Activity
	Student Status	Credit and Criminal Activity
	Asset and their earnings	Medical Allowances

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Past and Present Employers	Courts and Post Offices	Utility Companies
State Unemployment Agencies	Medical Providers	Previous Landlords (Including PHA's)
Veterans Administration	Welfare Agencies	Credit Providers and Bureaus
All Types of Retirement Systems	Banks and Other Financial Institutions	Law Enforcement Agencies
Social Security Administration	Insurance Agencies	Internal Revenue Service

I/we agree that a facsimile or photocopy of this authorization may be used for the purposes stated above and that this **Authorization is valid for one year from the date of execution.** The original of this authorization is on file in the management office. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect.

**The undersigned hereby authorizes Compliance Management Services to act on my/our behalf to obtain information from third parties (including automated and on-line services) in order to determine my/our eligibility for the LIHTC program.**

 To be completed by applicant: Date: \_\_\_\_\_

Applicant/Resident Name (Printed): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_

Co-Applicant/Co-Resident Name (Printed): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_