




EQUAL HOUSING OPPORTUNITY

RECERTIFICATION QUESTIONNAIRE

 (RD/HUD)

Apartment #: _____

Name of Resident: _____ Social Security #: _____

- **Are you or will you be a Student anytime during the next 12 months? F/T P/T No**

Name of Co-Resident: _____ Social Security #: _____

- **Are you or will you be a Student anytime during the next 12 months? F/T P/T No**

Phone #: _____

Name of all other persons residing in the apartment:

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Student Status</u>
_____	_____	_____	_____	F/T P/T No
_____	_____	_____	_____	F/T P/T No
_____	_____	_____	_____	F/T P/T No
_____	_____	_____	_____	F/T P/T No

Automobile Information (list all vehicles parked regularly at the complex):

<u>Model</u>	<u>Make</u>	<u>Tag #</u>	<u>Color</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, Illness or Accident, please notify:

Name: _____ Relationship: _____ Phone#: _____

Address: _____ City: _____ State: _____

Doctor: _____ Phone#: _____ Hospital: _____

In order to expedite the recertification process please complete the following:

Name and address of resident's employer:

 Zip: _____
 Employer's phone # _____

Name and address of resident's financial institution:

 Zip: _____
 Financial Institution phone # _____

Name and address of co-resident's employer:

 Zip: _____
 Employer's phone # _____

Name and address of co-resident's financial institution:

 Zip: _____
 Financial Institution phone # _____

Please provide a name and address to verify all other sources of income and/or assets as disclosed on the next page of the Questionnaire. Use the back of this page for additional space.

Resident _____

 Zip: _____
 Phone # _____

Co-Resident _____

 Zip: _____
 Phone # _____

INCOME AND ASSETS QUESTIONNAIRE
(Complete for Everyone 18 years of Age and Older)

Household Member: _____

A. Assets Section

		<u>Est. Amount/Value</u>	<u>Financial Institution</u>
1	Do you have any of the following:		
	a. Checking Accounts () Yes () No	_____	_____
	b. Saving Accounts () Yes () No	_____	_____
	c. Certificate of Deposits () Yes () No	_____	_____
	d. Money Market Funds () Yes () No	_____	_____
	e. Stocks/Bonds/Mutual Funds () Yes () No	_____	_____
	f. Treasury Bills () Yes () No	_____	_____
	g. Annuities () Yes () No	_____	_____
	h. IRA/Keough Accounts/401K () Yes () No	_____	_____
	i. Company Retirement Accounts () Yes () No	_____	_____
	j. Pension Funds () Yes () No	_____	_____
	k. Whole Life Insurance () Yes () No	_____	_____
	l. Trust Accounts () Yes () No	_____	_____
	If yes, is it irrevocable? Y or N	_____	_____
	m. Cash () Yes () No	_____	_____
	n. House/Real Estate () Yes () No	_____	_____
	o. Rental Property () Yes () No	_____	_____
	p. Other Investments () Yes () No	_____	_____
2	Have you received any lump sum payments such as:		
	a. Inheritances () Yes () No	_____	_____
	b. Lottery Winnings () Yes () No	_____	_____
	c. Insurance Settlements () Yes () No	_____	_____
	d. Workman's Compensation Settlements () Yes () No	_____	_____
	e. Social Security Disability Settlements () Yes () No	_____	_____
	f. Unemployment Compensation Settlements () Yes () No	_____	_____
	g. VA Disability Settlements () Yes () No	_____	_____
	h. Severance Pay () Yes () No	_____	_____
	i. Capital Gains () Yes () No	_____	_____
	j. Educational Grants or Scholarships () Yes () No	_____	_____
	k. Other () Yes () No	_____	_____
3	Have you disposed of any assets for less than fair market value in the past two (2) years? () Yes () No	_____	_____
	If yes, please state if it was due to foreclosure, bankruptcy or divorce.	_____	_____
	TOTAL ESTIMATED AMOUNT/VALUE OF ASSETS	\$ _____	_____

B. Income Section

		<u>Est. Amount</u>
1	Do you receive any of the following:	
	a. Wages, Salary, etc. thru Employment () Yes () No	_____
	b. Income from a Business or Profession () Yes () No	_____
	c. Military Pay including Allowances () Yes () No	_____
	d. Social Security () Yes () No	_____
	e. SSI () Yes () No	_____
	f. TANF / Work First () Yes () No	_____
	g. Alimony () Yes () No	_____
	h. Child Support Payments () Yes () No	_____
	i. Unemployment Compensation () Yes () No	_____
	j. Workman's Compensation () Yes () No	_____
	k. Severance Pay () Yes () No	_____
	l. Retirement Income () Yes () No	_____
	m. Annuities Income () Yes () No	_____
	n. Long Term Care Payments () Yes () No	_____
	o. Insurance Policies Income () Yes () No	_____
	p. Disability or Death Benefits () Yes () No	_____
	(Other than Social Security or SSI)	_____
	q. Income from Rental Property () Yes () No	_____
	r. Other () Yes () No	_____
2	Do you regularly receive monetary gifts or non-cash contributions from persons outside the household for:	
	a. Rent () Yes () No	_____
	b. Utilities () Yes () No	_____
	c. Groceries () Yes () No	_____
	d. Clothing () Yes () No	_____
	e. Miscellaneous Household Supplies () Yes () No	_____
	f. Other () Yes () No	_____
	TOTAL ESTIMATED AMOUNT OF INCOME	\$ _____

By signing below, I certify the information provided is accurate and I understand that any misrepresentations may disqualify me for housing.

Signature _____ Date _____

C. Miscellaneous Information

1. Do you pay any child care expenses for children age 12 or younger that enables a family member to go to work or to school? (Note: This amount should not exceed the amount earned at work or should not exceed a sum reasonably expected to cover class time and travel time to and from classes. Also, for this expense to be allowed as a deduction from income, the amount is not to be paid to a family member living in the household, is not to be reimbursed by an agency or individual and is allowed only if there is no adult member of the household capable of providing the care.)

() Yes () No Estimated Annual Amount _____

2. Do you have any handicapped assistance expenses which enable a family member (including the handicapped members) to work. (Note: This deduction may be given for expense amounts which exceed 3% of annual income provided they are not paid to a member of the household or reimbursed by an agency or individual.)

() Yes () No Estimated Annual Amount _____

DEFINITION OF DISABILITY AND HANDICAP

Individual with disability. A person is considered disabled if the person meets the criteria of either of the following:

1. The person has an inability to engage in any substantial gainful activity, but with use of auxiliary apparatus can otherwise participate in gainful activity, by reason of any medically determinable physical or mental impairment, where the disability:

a. Has lasted or can be expected to last for a continuous period of not less than 12 months, or which can be expected to result in death, and

b. Substantially impedes the ability to live independently, and

c. Is of such a nature that such ability could be improved by more suitable housing conditions, or

d. In the case of a sight impaired person who is at least 55 years old (within the meaning of sight impairment as determined in Section 223 of the Social Security Act), is unable, because of the sight impairment, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.

e. Receipt of veteran's or Social Security Disability payments benefits for disability, whether service-oriented or otherwise does not automatically establish disability.

2. The person has a developmental disability; a severe, chronic disability which:

a. Is attributable to a mental or physical impairment or combination of mental or physical impairment; and

b. Was manifested before age 22; and

c. Is likely to continue indefinitely; and

d. Results in substantial functional limitations in three or more of the following areas of major life activity:

- (1) Self-Care
- (2) Receptive and expressive language
- (3) Learning
- (4) Mobility
- (5) Self-direction
- (6) Capacity for independent living
- (7) Economic self-sufficiency

e. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, or treatment, or for other services which are of lifelong or extended duration and are individually planned and coordinated.

Individual with handicap.

1. A person with a physical or mental impairment that:

a. Is expected to be of long-continued and indefinite duration; and

b. Substantially impedes the person or is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

2. The term handicap further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. THIS TERM DOES NOT INCLUDE CURRENT ILLEGAL USE OF OR ADDICTION TO A CONTROLLED SUBSTANCE. As used in this definition:

a. Physical or mental impairment includes:

(1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

b. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.

c. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more of major life activities.

d. Is regarded as having an impairment means:

(1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;

(2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or

(3) Has one of the impairments defined in paragraph 2 a (1) and 2 a (2) of this definition but is treated by another person as having such an impairment.

Persons which meet the definition of disabled or handicapped qualify for a \$400.00 deduction to their annual income when determining rent contribution and certain other deductions. If after reading the definitions above you feel that you qualify and would like to request this adjustment to your income, please indicate in the space provided:

() Yes, I feel that I meet the definition of handicapped and/or disabled as defined above and would therefore like to request the \$400.00 adjustment to income.

() No, I feel that I do not meet the definition of handicapped or disabled as defined above and therefore do not request the \$400.00 adjustment to income.

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for the handicapped/disabled status. Failure to provide this information may result in the denial of these deductions.

Would you like to request a handicapped designed unit?

() Yes

() No

Would you like to request reasonable accommodations/modifications to the unit?

() Yes, I would like to request _____

() No

FOR CONGREGATE HOUSING ONLY

Would you like to request a specific service or services?

() Yes, I would like to request _____

() No

MEDICAL EXPENSE QUESTIONNAIRE
*** FOR ELDERLY, HANDICAPPED OR DISABLED ONLY ***

1. Are you currently under the care of a physician, optometrist, ENT, etc. where you are having to pay for bills not covered by medical insurance? () Yes () No

If yes, please provide the following:

Name of Physician _____
Address _____
Phone _____

Name of Physician _____
Address _____
Phone _____

Name of Physician _____
Address _____
Phone _____

Name of Physician _____
Address _____
Phone _____

2. Are you currently having to take medication that is not covered by medical insurance? () Yes () No

If yes, provide the following:

Name of Pharmacy _____
Address _____
Phone _____

Name of Pharmacy _____
Address _____
Phone _____

Name of Pharmacy _____
Address _____
Phone _____

Name of Pharmacy _____
Address _____
Phone _____

3. Are you currently paying for hospital bills not covered by medical insurance? () Yes () No

If yes, please provide the following:

Name of Hospital _____
Address _____
Phone _____

Name of Hospital _____
Address _____
Phone _____

Total amount owed \$ _____

Total amount owed \$ _____

What is the estimated amount that you will spend over the next 12 months to reduce the amount owed? \$ _____

What is the estimated amount that you will spend over the next 12 months to reduce the amount owed? \$ _____

4. Do you pay medical insurance premiums? () Yes () No

If yes, please provide the following:

Name of Insurance Co. _____
Address _____
Phone _____

Name of Insurance Co. _____
Address _____
Phone _____

Monthly premium amount \$ _____

Monthly premium amount \$ _____

I/we certify that the above statements are true and complete to the best of my/our knowledge. I/we understand that it is my/our responsibility to report to management, such changes in income, assets and expenses whenever they occur. I/we further understand that I/we must list all employers for verification purposes since income will be wage matched with the records of the State Employment Security Commission. Non reported income can result in eviction and prosecution by HUD or the Rural Development Administration. **SUBMITTAL OF FALSE STATEMENTS OF INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.**

Resident Signature

Date

Co-Resident Signature

Date

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____ for purposes of verifying information (owner or agent) on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers Welfare Agencies Veterans Administration
- Previous Landlords (including State Unemployment Agencies Retirement Systems
- Public Housing Agencies) Social Security Administration Banks and Other Financial
- Support and Alimony Providers Medical and Child Care Providers Institutions
- Utility Company _____

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident	(Print Name)	Date
Co-Applicant/Resident	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.