



## Recertification Questionnaire LIHTC

Please print in ink, answer NO or N/A where applicable, initial all corrections, and do not use white out

**RESIDENT INFORMATION**

Tenant's Full Name:		
Apartment Community:	Unit Number:	Phone Number:

**HOUSEHOLD COMPOSITION**

DIRECTIONS: PLEASE COMPLETE THE TABLE BELOW LISTING EACH MEMBER OF THE HOUSEHOLD, INCLUDING CARE ATTENDANTS, WHETHER OR NOT THOSE MEMBERS ARE RELATED. INCLUDE ALL MEMBERS WHO YOU ANTICIPATE WILL LIVE WITH YOU AT LEAST 50% OR MORE OF THE TIME DURING THE NEXT 12 MONTHS. (A FULL TIME STUDENT IS ANYONE WHO IS ENROLLED FOR AT LEAST FIVE CALENDAR YEAR MONTHS FOR THE NUMBER OF HOURS OR COURSES WHICH ARE CONSIDERED FULL-TIME ATTENDANCE BY THAT INSTITUTION. THE FIVE MONTHS NEED NOT BE CONSECUTIVE).

\*LIST EACH PERSON LIVING IN THE UNIT\*

	Name	Relation to Head	Birth Date	Gender	Student	Employed	Marital Status	SS Number
1		HEAD		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
2				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
3				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
4				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
5				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
6				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
7				M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	

Do all of the household members reside in the household 100% of the time? Y  N  If no, please list those not living in the household 100% of the time:

Anticipated changes in household size within the next 12 months? Y  N  If yes, explain:

Anticipated change in number of students within the next 12 months? Y  N  If yes, explain:

Initial \_\_\_\_\_

**DISABILITY STATUS**

Would you or anyone in your household benefit from the features of a handicap-accessible unit? Y  N

Do you require any accommodations or modifications to the unit for any disability? Y  N  If yes, explain:

**CARE ATTENDANT**

Will you have a Care Attendant living with you? Y  N  If yes, F/T  or P/T

Name of Care Attendant:

Address:

City: State: ZIP: Telephone:

**GENERAL INFORMATION**

Have you, your spouse, or any other proposed occupant ever:

1. Been arrested and charged with a misdemeanor or felony? Y  N   
If yes, who \_\_\_\_\_ in what state \_\_\_\_\_ what year \_\_\_\_\_

2. Been required to register as a sex offender? Y  N   
If yes, who \_\_\_\_\_ in what state \_\_\_\_\_ what year \_\_\_\_\_

3. Been evicted? Y  N   
If yes, when \_\_\_\_\_ where \_\_\_\_\_

Do you have a Section 8 voucher or certificate? Y  N

Do you have any pets? Y  N  If yes, list breed and weight:

**\*Only permitted in senior properties\***

**EMERGENCY CONTACT**

(PLEASE PROVIDE INFORMATION FOR TWO PEOPLE NOT PLANNING TO OCCUPY THE PREMISES WHOM WE MAY CONTACT IN THE EVENT OF AN EMERGENCY, OR TO LOCATE YOU)

Name: Relationship: Telephone:

Address: City: State: Zip:

Name Relationship: Telephone:

Address: City: State: Zip:

**AUTOMOBILE INFORMATION**

Model: Make: Color: Tag #:

Model: Make: Color: Tag #:

NCHFA (North Carolina Housing Finance Agency) regulations require that all applicants/tenants reveal all sources of income and assets. This application is not considered complete and therefore cannot be processed until the following questionnaire of income and assets have been completed by each household member 18 years of age and older (not required for care attendants).

**NAME:**

**INCOME AND ASSETS**

(EACH HOUSEHOLD MEMBER 18 YRS AND OLDER MUST COMPLETE SEPARATE INCOME AND ASSETS FORMS)

Type of Asset	How Many	Estimated Value	Source Contact for Verification (list each separately)
Checking Account <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$ \$	Institution Name: Telephone: Institution Name: Telephone:
Savings Account <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$ \$	Institution Name: Telephone: Institution Name: Telephone:
Debit Cards <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span> NOT including debit cards related to the accounts listed above		\$ \$	Institution Name: Telephone: Institution Name: Telephone:
Certificates of Deposits <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Money Market Funds <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Mutual Funds/Stock <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Treasury Bills <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
IRA or 401k <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Company Retirement Accounts <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Annuities Income <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Life Insurance Policies (Whole Life) <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Pension Funds <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span> (Account Not received on a regular basis)		\$	Institution Name: Telephone:
Trust Accounts <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span> If yes, is it revocable? <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Personal Property held for Investment <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Mortgage or Deed of Trust <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Cash on Hand <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
House/Real Estate <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Rental Property <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Other Investments <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Institution Name: Telephone:
Have you received any lump sum payments such as the following:			
Inheritances <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Lottery or other winnings <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Insurance Settlements <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Workers Compensation Settlements <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Social Security Disability Settlements <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Unemployment Compensation Settlements <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
VA Disability Settlements <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Severance Pay <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Capital Gains <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:
Other <span style="float:right">Y <input type="checkbox"/> N <input type="checkbox"/></span>		\$	Details:

Have you disposed of any assets for less than Fair Market Value within the last two years? (Please state if the sale was due to foreclosure, bankruptcy or divorce.) Y  N  If yes, explain:

Initial \_\_\_\_\_



**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  
(owner or agent)  
purposes of verifying information 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 Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and Other Financial Institutions |
|  | Medical and Child Care Providers |  |
| 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.