certification questionnaire

for applicants and recertifying residents

Head of Household Name Unit Number

The information on this form is needed to certify/recertify your household. Please complete this entire form and leave no blanks. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

Are you an individual or family that experienced direct or indirect loss or hardship as a result of the 2013 flood? \_\_\_\_\_ Yes \_\_\_\_\_ No

part 1 household composition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| hh mbr | full name | relationship to head of household (hoh) | date of birth | student? (includes grades k-12) | if a student: full- time (ft) or part- time (pt)? |
| 1 |  | HoH |  | Yes No | FT PT |
| 2 |  |  |  | Yes No | FT PT |
| 3 |  |  |  | Yes No | FT PT |
| 4 |  |  |  | Yes No | FT PT |
| 5 |  |  |  | Yes No | FT PT |
| 6 |  |  |  | Yes No | FT PT |
| **Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:** | | | | | Yes No |

part 2 tenant income

|  |  |  |  |
| --- | --- | --- | --- |
| does your household have income, assistance, or benefits from the sources listed below? | | monthly income/  assistance amount | hh mbr # |
| Yes No | Self employment *(list nature of self employment)* | *(use* net income *from business)*  $ |  |
| Yes No | Employment with a third-party receiving wage, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. *If yes, list the information in Part 3 below.* |  |  |
| Yes No | Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries, and/or day care costs when the day care center is paid directly by the gift-giver) | $ |  |
| Yes No | Unemployment benefits | $ |  |
| Yes No | Veteran’s Administration, GI Bill, or National Guard/military benefits/income | $ |  |
| Yes No | Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships *(exclude student loan awards which must be repaid)* | $ |  |
| Yes No | Retirement benefits from Social Security | $ |  |
| Yes No | Supplemental Security Income (SSI) or Social Security Disability Income  (SSDI) | $ |  |
| Yes No | Unearned income from family members age 17 or under (example: Social  Security, trust fund disbursements, etc.) | $ |  |
| Yes No | Disability or death benefits other than Social Security | $ |  |
| Yes No | Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance: | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes No | I/we receive public assistance income (example: TANF) | $ |  |
| Yes No  Yes No | Child support payments. If yes, for how many children do you receive support?  I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support: | $  Anticipated  Amount:  $ |  |
| Yes No | Alimony/spousal support payments | $ |  |
| Yes No | Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources:  1.  2. | $  $ |  |
| Yes No | Income from real or personal property | *(use* net earned income)  $ |  |

part 3 current employment information *(please attach a separate form for additional employment, if needed)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Resident Name | | | | | | | | Occupation/Title | | | | | |
| Employer Name | | | | | | | | Contact Person | | | | | |
| Employer Address | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | |
| Date Hired | | Salary/Rate of  Pay  $ | | 2x a month Weekly  Monthly Biweekly  Hourly Annually | | # Hours Worked  Per Week | | | | Work Phone | | Work Fax | |
|  | | Resident Name | | | | | | | | Occupation/Title | | | | | |
| Employer Name | | | | | | | | Contact Person | | | | | |
| Employer Address | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | |
| Date Hired | | Salary/Rate of  Pay  $ | | 2x a month Weekly  Monthly Biweekly  Hourly Annually | | # Hours Worked  Per Week | | | | Work Phone | | Work Fax | |
|  | | Resident Name | | | | | | | | Occupation/Title | | | | | |
| Employer Name | | | | | | | | Contact Person | | | | | |
| Employer Address | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | |
| Date Hired | | Salary/Rate of  Pay  $ | | 2x a month Weekly  Monthly Biweekly  Hourly Annually | | # Hours Worked  Per Week | | | | Work Phone | | Work Fax | |

part 4 previous employment information *(not required for retired persons)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Resident Name | | | | | | | | Occupation/Title | | | |
| Employer Name | | | | | | | | Contact Person | | | |
| Employer Address | | | | | | | | | | | |
| City | | | | | | State | | | | | Zip Code |
| Date Hired | | Ending Salary/ Rate of Pay  $ | | 2x a month Weekly  Monthly Biweekly  Hourly Annually | | | | | Term. Date | Work Phone | Work Fax |
|  | | Resident Name | | | | | | | | Occupation/Title | | | | | |
| Employer Name | | | | | | | | Contact Person | | | | | |
| Employer Address | | | | | | | | | | | | | |
| City | | | | | | State | | | | | | Zip Code | |
| Date Hired | | Ending Salary/ Rate of Pay  $ | | 2x a month Weekly  Monthly Biweekly  Hourly Annually | | | | | | Term. Date | Work Phone | Work Fax | |

part 5 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose one option below that best describes your household

|  |  |  |
| --- | --- | --- |
|  | The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). | |
|  | List non-student here: |  |
|  |
|  | The household contains all students but is qualified because at least one occupant is a part time student. Verification of part time student status is required. | |
| List part time student here: | |
|  |
|  | The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below. | |

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return) |  |  |
| Is at least one student a single parent with child(ren), *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than the parent(s)? |  |  |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)? |  |  |
| 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 verification of participation) |  |  |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation) |  |  |

part 6 asset information certification questionnaire

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have assets as listed below? | | | hh mbr  # | | account #(s) | | interest rate | | cash value |
| Yes No | | Checking account(s). If yes, list bank(s).  1.  2. |  | |  | | %  % | | $  $ |
| Yes No | | Savings account(s). If yes, list bank(s).  1.  2. |  | |  | | %  % | | $  $ |
| Yes No | | Revocable trust(s). If yes, list bank or trustee name.  1.  2. |  | |  | | %  % | | $  $ |
| Yes No | | I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description. |  | |  | |  | | $ |
| Yes No | Personal property that is being held as an investment. If yes, describe: | |  |  | | % | | $ | |
| Yes No | Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s).  1.  2. | |  |  | | %  % | | $  $ | |
| Yes No | Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s).  1.  2. | |  |  | | %  % | | $  $ | |
| Do you have assets as listed below? | | | hh mbr  # | account #(s) | | interest rate | | cash value | |
| Yes No | IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s).  1.  2. | |  |  | | %  % | | $  $ | |
| Yes No | Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits) | |  |  | | % | | $ | |
| Yes No | I/we have a life insurance policy (exclude term policies). If yes, list company.  1.  2. | |  |  | | %  % | | $  $ | |
| Yes No  Yes No | I/we have cash on hand or cash in a safe deposit box.  I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed. | |  |  | | % | | $  $ | |
| Yes No | I/we have income from assets or sources other than those listed above. If yes, list type below. | |  |  | | % | | $ | |

CDBG

### BACKGROUND INFORMATION

### CONSENT TO CONSUMER REPORT AND BACKGROUND CHECK

Please fill out this section in full. Any unanswered ‘yes’ or ‘no’ question will result in the denial of your application.

|  |  |  |
| --- | --- | --- |
| Have you or any member of your household ever been convicted of or plead guilty or ‘no contest’ to any felony?  If yes, date of felony: Offense: | Yes | No |
| Have you or any member of your household ever been convicted or plead guilty or ‘no contest’ to a sexual offense? | Yes | No |
| Have you or any member of your household ever been listed on a registry of sexual offenders? | Yes | No |
| Are you or any member of your household subject to a lifetime state sex offender registration program in any state? | Yes | No |
| Have you or any member of your household ever been convicted or pled guilty or ‘no contest’ to any drug-related criminal offense? If yes, date of drug-related offense: Offense | Yes | No |
| Are you or any member of your household a Specifically Designated National or other Blocked Person designated by the United States government as a person who commits or supports terrorism, or is involved in international narcotics trafficking? | Yes | No |
| If you answered yes to any of the above questions, please explain the nature of the offense, as well as the location and date: | | |

**I have read the foregoing and certify that the information herein is TRUE and CORRECT, and that this application is submitted for the purpose of inducing approval of this application on my behalf.**

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. Any “yes” response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment unit), I understand that Landlord may terminate the Lease.

This is to inform applicant that, as part of Landlord's procedure for processing applicant's application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with applicant's landlord, employer, or others with whom applicant is acquainted. This also is to inform applicant that, as also set forth in the lease applicant will execute if applicant's application is approved by Landlord, similar Investigative Consumer Reports may be prepared in the future after applicant has executed the lease and become a resident or has vacated the property which is the subject of this agreement. These inquiries include information as to applicant's character, general reputation, personal characteristics, mode of living and credit report. The federal Fair Credit Reporting Act requires Landlord to provide to applicant additional information about the nature and scope of the investigation if applicant provides Landlord with a written request within a reasonable time. Landlord has attached a summary of applicant's rights under the Fair Credit Reporting Act.

I authorize the Monroe Group Ltd. (“Monroe”), or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize Monroe , its agent, attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize Monroe, its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to Monroe or its agent, attorney or assign. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

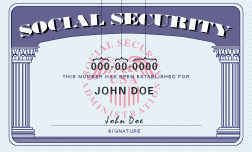
**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

|  |  |
| --- | --- |
| **FOR QUESTIONS OR CONCERNS REGARDING:** | **PLEASE CONTACT:** |
| CRAs, creditors and others not listed below | Federal Trade Commission  Consumer Response Center – FCRA, Washington, DC 20580  1-877-382-4367 (Toll-Free) |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency  Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board  Division of Consumer & Community Affairs, Washington, DC 20551  202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision  Consumer Programs, Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration  1775 Duke Street, Alexandria, VA 22314  703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation  Division of Compliance & Consumer Affairs, Washington, DC 20429 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation  Office of Financial Management, Washington, DC 20590 202-366-1306 |

### social security number requirements



You must have a Social Security Number (SSN) to receive housing assistance. The federal government requires each applicant of HUD-assisted housing to provide documentation of their SSN to the community/property manager by the time the apartment unit becomes available. This requirement affects household members who are United States citizens, US nationals and eligible non-citizens.

**Question: SSNs of all members of my household have been provided? What do I do?**

**Answer:** Nothing further is required. The property manager will contact you if there is a problem with the SSN of any members of your household.

**Question: I have not provided SSNs for all my household members to the property manager. What do I do?**

**Answer:** Does everyone in your household have a SSN? If yes or no, see answers below:

|  |  |
| --- | --- |
| YES | NO |
| Ensure the correct SSN for each household member who is a US citizen, US national or eligible non-citizen is reported to the property manager by the time a unit becomes available. | For any household member who is a US citizen, US national or eligible non-citizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For SS-5 form and/or assistance, contact the property manager for more information. |
| You will need to provide the property manager with documentation to verify the SSNs. | Provide the documentation of a SSN for each household member who is a US citizen, US national or eligible non-citizen to the property manager by the time a unit becomes available. |
|  | For those over 62 years or older, as of January 31, 2010 and who do not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010, information is needed in order for the owner to verify qualification for exemption from disclosure and verification of a SSN. |

|  |  |
| --- | --- |
| Name: | Date: |

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Resident Signature Date

Print Name of Resident Signature Date

Print Name of Resident Signature Date

Print Name of Resident Signature Date

Reviewed by (Signature of Owner/Representative) Date

**All household members ages 18 or over must sign and date.**