

TENANT INCOME QUESTIONNAIRE

NAME: _____

TELEPHONE NUMBER: _____

Initial Certification

Re-certification

Other _____

Development _____

Unit # _____

EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

INCOME INFORMATION

| YES | No | | MONTHLY GROSS INCOME |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed. (List nature of self employment) _____ | (use <u>net</u> income from self employment) \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____ | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic Social Security payments. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.). | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI). | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance) | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am entitled to receive child support payments. <input type="checkbox"/> I am currently receiving child support payments. If yes, from how many persons do you receive support? _____ <input type="checkbox"/> I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____ | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony/spousal maintenance payments | \$ _____ |



This institution is an equal opportunity provider.

NAME: _____

UNIT # _____

INCOME INFORMATION CONTINUED

| YES | NO | | MONTHLY GROSS INCOME |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____ | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from real estate or personal property. | (use <u>net</u> earned income) \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from Alaska Senior Care program. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from Native Dividends. List sources: _____ _____ | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The household will receive the Alaska Permanent Fund Dividend. If yes, how many people will receive the dividend? _____ | \$ _____ |

ASSET INFORMATION

| YES | NO | | INTEREST RATE | CASH VALUE |
|--------------------------|--------------------------|---|----------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account(s). If yes, list all bank(s) 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account(s) If yes, list all bank(s) 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a revocable trust(s) If yes, list bank(s) 1) _____ | _____% | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. If yes, provide description and location: _____ | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |



NAME: _____

UNIT # _____

ASSET INFORMATION CONTINUED

| YES | NO | | INTEREST RATE | CASH VALUE |
|--------------------------|--------------------------|---|----------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a whole life insurance policy. If yes, how many policies _____ | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash on hand. | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____ | | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |

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.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

