

# RECERTIFICATION QUESTIONNAIRE

Property Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Unit #: \_\_\_\_\_

**Household Composition:**

Name(s)	Relation to the Head	Date of Birth	Gender (M/F)	Social Security #	Student (Y/N)	If Yes, PT or FT
1	HEAD				Yes No	PT FT
2					Yes No	PT FT
3					Yes No	PT FT
4					Yes No	PT FT
5					Yes No	PT FT
6					Yes No	PT FT

Please answer the following:

Income Source

			Monthly Amount	Household Member
Employment 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Employment 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Pension/Veteran's Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Child Support/Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
TANF/AFDC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Asset Source

			Cash Value	Household Member
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Certificate of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Stocks, Bonds, Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Retirement Fund (IRA, Keogh, 401K)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Life Insurance (Whole or Universal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Real Estate or Rental Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Disposed of an Asset within last 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Prepaid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date