

GREYSTAR REAL ESTATE PARTNERS AFFORDABLE HOUSING CERTIFICATION QUESTIONNAIRE

Please complete one form per household and leave no blank spaces. Use n/a if not applicable.

Last Name _____ Apt # _____ Phone # _____

PART I - HOUSEHOLD COMPOSITION

HH MEMBER	FULL NAME	DOB	Relationship To Head of Household	Social Security #	STUDENT?		FULL/PART TIME STUDENT?		RECEIVING ANY SOURCE OF INCOME?			
					Yes	No	FT	PT	Yes	No	Yes	No
1												
2												
3												
4												
5												
6												

DO YOU EXPECT ANY ADDITIONS TO THE HOUSEHOLD WITHIN THE NEXT 12 MONTHS? _____

PART II - RESIDENT INCOME

Yes	No	Income Sources	Gross Monthly Income <small>(Net Inc. from Business)</small>	HH Member #
<input type="checkbox"/>	<input type="checkbox"/>	I/We am self-employed (List nature of self-employment) _____ \$ _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a job and received wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Name of Employer _____ 1) _____ \$ _____ 2) _____ \$ _____	\$ _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive cash contributions or gifts including rent or utility payments, on an on-going basis from persons not living with me (exclude groceries and/or day care costs when the day care is paid directly by the gift-giver)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive unemployment benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive Veteran's Administration, GI Bill or National Guard/Military benefits/income	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We are a full-time or part-time student and receive educational assistance in the form of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive periodic social security payments	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive Supplemental Security Income (SSI)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive disability or death benefits other than Social Security	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive Public Housing Assistance Housing Authority Name _____	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive Public Assistance Income (example: TANF)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We are entitled to receive child support payments	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We are currently receiving child support payments If yes, how many persons do you receive support from? _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We are currently making efforts to collect child support owed to me. List efforts made to collect child support _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive alimony/spousal support payments	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings If yes, list source(s) _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive income from real or personal property	<small>(Net Inc. from Business)</small> \$ _____	

PART III - STUDENT STATUS CERTIFICATION

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household anticipate becoming a full-time student in the next 12 months who is not currently a full-time student now?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who are all full-time students 5 or more months in a calendar year (examples: college/university, trade school, elementary, junior or high school, etc.)?
If you answered yes to the previous question, are you:		
<input type="checkbox"/>	<input type="checkbox"/>	Married and filing a joint income tax return
<input type="checkbox"/>	<input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	A person previously under the care and placement of the state agency (foster care)
<input type="checkbox"/>	<input type="checkbox"/>	Reviewing assistance under Title IV of the Social Security Act (AFDC, TANF)
<input type="checkbox"/>	<input type="checkbox"/>	Single parent with child(ren), and the parent is not a dependent of another person, and the children are not dependents of another individual other than their parents

PART IV - ASSET INFORMATION

Yes	No	Description	HH Mbr(s)	Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a checking account(s) If yes, list bank(s) and account numbers 1) _____ 2) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a savings account(s) If yes, list bank(s) and account numbers 1) _____ 2) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a revocable trust(s) If yes, list bank(s) and account numbers 1) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We own real estate (or hold a mortgage or Deed of Trust) If yes, provide description 1) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have personal property that is being held as an investment If yes, provide description 1) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We own stocks, bonds or Treasury Bills If yes, list sources/bank(s) and account numbers 1) _____ 2) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have Cert. of Deposit(s) (CD) or Money Market Acct(s) If yes, list sources/bank(s) and account numbers 1) _____ 2) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have IRA/Lump Sum Pension/KEOGH/401K Account(s) If yes, list bank(s) and account numbers 1) _____ 2) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a life insurance policy (exclude term policies) If yes, list account numbers 1) _____		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand or cash in a safe deposit box		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We 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		%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have income from assets or sources other than those listed above. If yes, list type below;		%	\$ _____

Under penalty of perjury, I certify that the information provided on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information will result in the denial of application or termination of the Lease Agreement.

**GREYSTAR REAL ESTATE PARTNERS
AFFORDABLE HOUSING CERTIFICATION QUESTIONNAIRE**

Signature of Applicant	Date			Signature of Applicant	Date										
Witnessed By - Owner Representative	Date			Signature of Applicant	Date										