

ELIGIBILITY, INCOME & DEDUCTION CHECKLIST

This form is to be completed by the head of household and/or the co-head.

LIST ALL PEOPLE PROPOSED TO LIVE IN UNIT

<u>Name</u> (Last, First, M.I.)	<u>Relationship</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>F/T or P/T Student</u>	<u>Last 4 digits of SSN</u>
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

ELIGIBILITY

YES

NO

1. Do you have a family member who is absent from the home due to:
 - Employment _____
 - Military Service _____
 - Placement in foster care _____
 - Temporarily in nursing home or hospital _____
 - Permanently confined to a nursing home _____
 - Away at school _____
 - Away at school with an established residence (lease) Other _____

2. Do you have a live-in attendant? _____
 - If yes, is the live-in attendant your adult child or related to you in any way? _____

3. Expected changes in household:
 - Baby due on _____
 - Adopting a child(ren) on _____
 - Obtaining custody of a child(ren) on _____
 - Obtaining joint custody of a child(ren) on _____
 - Receiving a foster adult/child(ren) on _____

4. Does ANY household member anticipate becoming a F/T or P/T student in the next 12 months? _____

5. Are you, or is any member of your household subject to a lifetime sex offender registration? _____
 - If yes, list all states in which every household member has resided: _____

6. Have you, or any household member, been evicted from Federally assisted housing in the last three years for drug-related criminal activity? _____

7. Are you, or any household member, engaged in illegal use of a drug or have had a pattern of illegal use that would interfere with the health safety or right to peaceful enjoyment of the premises by others? _____

8. Do you, or any household member, currently or previously have a pattern of alcohol abuse that interferes with the health, safety or right to peaceful enjoyment of the premises by other residents? _____

INCOME, ASSETS AND DEDUCTIONS

A. Income:

YES

NO

1. Does any member of the household expect any changes in income in the next 12 months? _____

2. Are you or any other members of the household currently receiving income from any of the following sources? _____

Wages/salaries	_____	_____
Wages earned through a government program such as Senior Aides, Older American Community Service Employment, AmeriCorps	_____	_____
If yes, which program? _____	_____	_____
Tips, bonuses or commissions	_____	_____
Overtime pay	_____	_____
Income from operation of a business	_____	_____
Social Security	_____	_____
Disability/SSI	_____	_____
Death Benefits	_____	_____
Pensions/retirement funds	_____	_____
Annuities or Trusts	_____	_____
Unemployment	_____	_____
Military Pay	_____	_____
Public Assistance/TANF	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Income from rent or sale of property	_____	_____
Regular recurring contributions or bills paid from persons or agencies outside of Household	_____	_____
Insurance policies	_____	_____
Severance pay	_____	_____
Student financial assistance	_____	_____
If yes, what is the source(s) of the financial assistance?	_____	_____
If yes, how much financial assistance is received? _____	_____	_____
If yes, what is the cost of tuition? _____	_____	_____
Other	_____	_____
2. Did you or any member of your household receive a Federal tax refund in the past 12 months?	_____	_____
3. Are there any adult members of the household (18 years of age or older) receiving income not listed above?	_____	_____
If yes, specify the source of income _____	_____	_____

B. Assets:

YES **NO**

1. Do you or any other members of the household have any of the following:		
Checking accounts	_____	_____
Savings accounts	_____	_____
Certificates of deposit	_____	_____
Money Market funds	_____	_____
IRA/Keogh account	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Treasury bills	_____	_____
Trusts	_____	_____
On-line bank accounts, Cash Apps, Apple Pay, etc.	_____	_____
Real estate	_____	_____
Whole life or universal life insurance policy	_____	_____
Cash held in safety deposit boxes or home	_____	_____
Assets held in another state or foreign country	_____	_____
Other	_____	_____
2. Have you or any other members of the household received any lump sum payments, such as:		
Inheritance	_____	_____
Lottery winnings	_____	_____
Insurance settlements	_____	_____
Other	_____	_____
3. Have you or any other household member disposed of any asset(s) for less than fair market value in the past two (2) years?	_____	_____
4. Do you or any other household members have any assets that are held jointly with another person?	_____	_____

C. Deductions:

YES

NO

- 1. Are there any full-time students 18 years of age or older in the household? _____
- 2. Is any household member elderly (62 or older) or a person with disabilities? _____
- 3. Do you have medical expenses that are not paid for by an outside source such as insurance? _____
- 4. Do you have disability expenses that are not paid for by an outside source?
If yes, is this service necessary to enable a family member (including the member with a Disability) to be employed? _____
- 5. Do you have attendant care expenses?
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? _____
- 6. Do you currently pay for childcare services for any children under the age of 13, residing in your household?
If yes, is this service necessary in order for you to be employed, look for work, or to attend school?
If yes, are any of these expenses reimbursed by an outside source? _____

Penalties for Committing Fraud: The United States Government places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted
- Required to repay any overpaid rental assistance you may have received
- Fined up to \$10,000
- Imprisoned for up to five (5) years
- Prohibited from receiving low income housing

Your state and local governments may have other laws and penalties as well.

ALL household members 18 and older, must sign this form.

By signing below I am certifying that I have completed this questionnaire and that all answers that I have given are true and complete to the best of my knowledge.

Head of Household Date / /

Co-head of Household Date / /

Other Adult Date / /

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

