



# St. Joseph County Housing Authority

DATE: \_\_\_\_\_ SJCHA REP: \_\_\_\_\_

TENANT: \_\_\_\_\_ PHONE # \_\_\_\_\_

QUESTION	YES	NO	COMMENTS
1. ARE THERE ANY MEMBERS OF YOUR HOUSEHOLD TEMPORARILY ABSENT? IF YES, WHO AND FOR HOW LONG?			
2. ARE THERE ANY MEMBERS OF YOUR HOUSEHOLD PERMANENTLY ABSENT? IF YES, WHO?			
3. HAS ANY MEMBER OF YOUR HOUSEHOLD BEEN EMPLOYED WITHIN THE LAST 12 MONTHS? IF YES, WHO AND WHERE?			
4. HAS ANY MEMBER OF YOUR HOUSEHOLD WORKED FOR CASH PAYMENTS ANY TIME WITHIN THE LAST 12 MONTHS? IF YES, WHO AND WHERE?			
5. IS ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY EMPLOYED? IF YES, WHO AND WHERE?			
6. ARE YOU SIGNED UP TO RECEIVE EMPLOYMENT THROUGH TEMPORARY AGENCIES? IF YES, WHERE?			
7. DO YOU RECEIVE TIPS OR COMMISSIONS FROM EMPLOYMENT? IF YES, FROM WHAT SOURCE?			
8. HAS ANY MEMBER OF YOUR HOUSEHOLD RECEIVED IN THE LAST 12 MONTHS OR ARE CURRENTLY RECEIVING ANY OF THE FOLLOWING?			
UNEMPLOYMENT COMPENSATION			
SOCIAL SECURITY OR SSI			
VA BENEFITS			
ALIMONY			
CHILD SUPPORT			
AFDC OR UNEMPLOYED PARENTS BENEFITS			
9. DO YOU RECEIVE PERIODIC INCOME SUCH AS:			
RETIREMENT BENEFITS			
PENSION / 401 K BENEFITS			
ANNUITIES			
INSURANCE POLICIES			
DISABILITY OR DEATH BENEFITS			
IRA			

QUESTION	YES	NO	COMMENTS
<b>10. IN THE LAST 12 MONTHS HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS SUCH AS:</b>			
INHERITANCES			
LOTTERY WINNINGS			
INSURANCE SETTLEMENTS (HEALTH, ACCIDENT, WORKERS COMP)			
CAPITAL GAINS			
UNEMPLOYMENT COMPENSATION			
SOCIAL SECURITY BENEFITS			
OTHER			
DO YOU EXPECT TO RECEIVE ANY BENEFITS FROM THOSE LISTED ABOVE?			
<b>11. DO YOU REGULARLY RECEIVE MONETARY GIFTS OR NON- CASH CONTRIBUTIONS FROM PERSONS OUTSIDE THE HOUSEHOLD FOR ANY OF THE FOLLOWING?</b>			
RENT			
UTILITIES Are they in your name?			
GROCERIES/FOOD			
CLOTHING			
DIAPERS / PAPER PRODUCTS			
Personal Products – AND NAILS, HAIR, ETC			
GASOLINE FOR CAR			
CELL PHONE			
OTHER			
<b>12. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING?</b>			
CHECKING ACCOUNTS			
SAVINGS ACCOUNTS			
MONEY MARKET FUNDS			
TRUSTS (IF YES, IS THE TRUST IRREVOCABLE?)			
IRA/KEOGH ACCTS			
OTHER COMPANY RETIREMENT ACCOUNTS (410K)			
STOCKS/ US SAVINGS BONDS			
CERTIFICATE OF DEPOSITS			
EQUITY IN RENTAL PROPERTY OR OTHER CAPITAL INVESTMENTS			
PERSONAL PROPERTY HELD AS AN INVESTMENT			

CASH ON HAND / CASH IN SAFETY DEPOSIT BOX			
HOME/MOBILE HOME/BOAT/ LAND/ LOTS			

QUESTION	YES	NO	COMMENTS
13. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST 2 YEARS?			
14. DOES ANY MEMBER OF YOUR HOUSEHOLD HOLD ANY ASSETS JOINTLY WITH ANOTHER PERSON?			
15. DOES YOUR HOUSEHOLD PAY CHILDCARE EXPENSES FOR WORK OR FOR SCHOOL?			
16. DID ANY MEMBER OF YOUR HOUSEHOLD FILE A TAX RETURN FOR THE PREVIOUS YEAR?			
17. DOES ANY MEMBER OF YOUR HOUSEHOLD ATTEND SCHOOL ON A GRANT, SCHOLARSHIP, OR FINANCIAL AID?			
18. ARE THERE ANY FULL-TIME STUDENTS 18 YEARS OF AGE OR OLDER IN YOUR HOUSEHOLD?			
19. DOES YOUR HOUSEHOLD CURRENTLY PAY EXPENSES TO CARE FOR A HANDICAPPED OR DISABLED FAMILY MEMBER IN ORDER TO WORK?			
20. DOES YOUR HOUSEHOLD CURRENTLY PAY MEDICAL EXPENSES NOT COVERED BY INSURANCE?			
21. IN THE LAST TWELVE MONTHS HAS ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED, CHARGED OR CONVICTED FOR ANY REASON.			

I, \_\_\_\_\_ CERTIFY THAT I HAVE BEEN ASKED THE ABOVE STATEMENTS AND THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR FRAUDULENT STATMENTS OR WILLFUL OMISSIONS MAY BE REGARDED AS WILLFUL MISREPRESENTATION AND MAY RESULT IN DENIAL OR TERMINATION OF MY RENTAL ASSISTANCE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REPORT TO THE WHA OFFICE ANY CHANGES IN INCOME, ASSETS, HOUSEHOLD COMPOSITION OR DEDUCTIONS AND ALLOWANCES WITHIN 10 DAYS OF OCCURRENCE. **I ALSO UNDERSTAND THAT SUBMITTAL OF FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.**

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT IN HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT IN HOUSEHOLD

\_\_\_\_\_  
DATE