



**CRANE PLACE  
1331 Crane Street  
Menlo Park, CA 94025  
(650) 325-2442 or (925) 627-7015 TDD Machine**

**APPLICATION &/OR CHECKLIST/QUESTIONNAIRE  
CERTIFICATION (MOVE IN)**

APPLICATION NUMBER: \_\_\_\_\_

Section 8 Recipient check here

MOVE-IN DATE \_\_\_\_\_

or

EFFECTIVE DATE \_\_\_\_\_

CURRENT RENT \$ \_\_\_\_\_

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ (or other ID for credit check)

Please check one of the following:  Married  Single  Separated  Divorced  Widow/Widower

If married does your spouse live with you?  Yes  No

If you answered NO above, can you provide proof of legal separation or divorce?  Yes  No

CO-HEAD NAME: \_\_\_\_\_

CO-HEAD ADDRESS (if different from your current address): \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ (or other ID for credit check)

HOW DID YOU HEAR ABOUT US? Please explain: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of the Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household.

#	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY #

**PREVIOUS RENTAL HISTORY:**

A. Name and address of your present landlord: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

B. Name and address of your previous landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Please provide the name, address, and phone number of two personal references. You may provide the name of your next of kin or someone who knows you well.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Are you now living in a federally subsidized housing unit? \_\_\_Yes (answer below) \_\_\_No

1. Name of Complex: \_\_\_\_\_  
2. Name of Manager: \_\_\_\_\_  
3. Manager's Telephone Number: ( ) \_\_\_\_\_

Provide the following **IF**:

1) your household will be receiving Section 8 rental assistance at time of move-in; **OR**

2) your household will be eligible or be applying to receive Section 8 rental assistance in the next 12 months?

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Expected Date (if applicable): \_\_\_\_\_

*The following questions are to be completed by all applicants/residents. For each "yes" answer, provide details in the space provided after each question.*

YES NO

2. Does anyone live with you now who is not listed above? (If yes, explain)

\_\_\_\_\_

3. Does anyone plan to live with you in the future who is not listed above? (If yes, explain)

\_\_\_\_\_

4. Is the head of household or spouse handicapped or disabled? (Optional)

\_\_\_\_\_

5. Are any other household members handicapped or disabled? (Optional)

\_\_\_\_\_

6. Please identify any special housing needs your household has if you answered yes to 4 or 5 above:

\_\_\_\_\_

**INCOME AND ASSET INFORMATION**

*Please answer each of the following questions. For each "yes" answer, provide details in the space provided after each question.*

**YES NO A. ASSETS**

1. Does any member of your household have a checking account?

a. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

b. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

c. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

2. Does any member of your household have a savings account?

a. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

b. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

c. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

3. Does any member of your household have any time certificates or Certificates of Deposit, Money Market Accounts, or any other interest bearing accounts in ***this country or any other country?***

a. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

b. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

**YES**   **NO**

   4. Does any member of your household hold any new accounts, transferred accounts, or certificates that have matured for which we will need new addresses and account numbers?

a. Household member: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

b. Household member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

   5. Does any member of your household have any stocks or bonds?

a. Household member: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

b. Household member: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

   6. Does any member of your household hold control of any trust funds?

a. Household member: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_   Is trust irrevocable?   \_\_\_ Yes   \_\_\_ No

b. Household member: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_   Is trust irrevocable?   \_\_\_ Yes   \_\_\_ No

YES NO

7. Does any member of your household have any IRA and/or Keogh accounts?
- a. Household member: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_
- b. Household member: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_
8. Do you have a safe deposit box, or any lump sum moneys in your family household??
- a. Household member: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Describe: \_\_\_\_\_
9. Does any member of your household have any personal property that is being held as an investment (examples: antiques, cars, jewelry, etc.)?
- \_\_\_\_\_
- \_\_\_\_\_
10. Does any member of your household hold title to any real estate (including mobile homes) in this state, any other state, or in any other country?
- a. Household Member: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Real Estate: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Real Estate: \_\_\_\_\_
11. Does any member of your household now have equity in or expect to have equity in rental property or other capital investment?
- a. Household Member: \_\_\_\_\_  
Property located: \_\_\_\_\_  
Capital investment in or with: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Property located: \_\_\_\_\_  
Capital investment in or with: \_\_\_\_\_

YES NO

12. Does any member of your household receive payments from a personal loan?
- a. Household Member: \_\_\_\_\_  
 Source: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Periodically
- b. Household Member: \_\_\_\_\_  
 Source: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Periodically

13. Has any member of your household disposed of any assets for less than fair market value during the two (2) years preceding the effective date of this certification?

Household Member	Asset(s)	Fair Market Value Of Asset	Disposed For (List \$ Amount)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Does any member of your household have or expect to have assets held jointly with another person?

Household Member	Asset(s)	Asset Value	Percentage Of Ownership
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

15. Does any member of your household have other accounts not listed above?
- a. Household Member: \_\_\_\_\_  
 Describe: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
 Describe: \_\_\_\_\_

**YES NO B. INCOME - PERIODICAL PAYMENTS**

1. Does any member of your household receive or expect to receive Social Security?
- a. Household Member: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_
- c. Household Member: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_

YES NO

2. Does any member of your household receive benefits under another Social Security number (Example: widow benefits under husband's social security number)?
- a. Household Member: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_
3. Does any member of your household receive or expect to receive Supplemental Social Security Income, SSI?
- a. Household Member: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Amount: \_\_\_\_\_
4. Does any member of your household receive or expect to receive armed forces pay, Veteran's, Civil Service, or Railroad benefits?
- a. Household Member: \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
5. Does any member of your household receive or expect to receive any *pensions or annuities*; OR, does any member of your household receive or expect to receive any *quarterly increases or allowances* deriving from your pensions, annuities, or other sources of income?
- a. Household Member: \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

YES NO

6. Does any member of your household receive or expect to receive any income from insurance policies, death or disability benefits?

a. Household Member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

7. Does any member of your household receive or expect to receive any regular income from severance package?

a. Household Member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

8. Does any member of your household now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?

a. Household member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Monthly Periodically

b. Household member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Monthly Periodically

9. Are you or any other ADULT household member claiming zero income? *(If yes, explain)*

a. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

YES NO C. **INCOME - LUMP SUM (One-Time; Not Periodical) PAYMENTS** - Have you or any member of your household received any lump sum payments such as:

1. Inheritances? Amount: \$ \_\_\_\_\_

2. Lottery Winnings? Amount \$ \_\_\_\_\_

3. Insurance Settlements (health, Workers Compensation, etc.)? Amount \$ \_\_\_\_\_

4. Capital Gains? Amount \$ \_\_\_\_\_

5. Social Security Benefits, Unemployment Compensation, etc.?

a. Household Member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Other (i.e., Alimony, Money from children, child support, etc.)?

a. Household Member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

How is support received? (*check all that apply*)

( ) Child Support Enforcement: Name of Agency:

\_\_\_\_\_

( ) Court of Law: Name of Court

\_\_\_\_\_

( ) Directly from Individual: Name of Person

\_\_\_\_\_

( ) Other: Explain

YES NO

7. If money is not actually received, are you taking legal action to remedy?  
Explain: \_\_\_\_\_

YES NO **D. EMPLOYMENT**

1. Is any member of your household employed either full-time, part-time, or seasonally?

a. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

b. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

2. Did any member of your household work in any capacity during the past 12 months?

a. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

b. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

c. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

YES NO

3. Is any member of your household expecting to work for any period of time during the coming 12 months?

a. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

b. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

c. Household Member: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
How long employed: \_\_\_\_\_ Salary Amount \$ \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Monthly \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal

4. Does any member of your household expect a leave of absence from work due to lay-off, medical, maternity, or military leave?

a. Household Member: \_\_\_\_\_  
Explain: \_\_\_\_\_

b. Household Member: \_\_\_\_\_  
Explain: \_\_\_\_\_

5. Do you or any member of your household receive any income under Title V of the Older Americans Act (such as RSVP, Green Thumb, Senior Aides, Older American Community Service employment program, foster grandparent program)?

a. Household Member: \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

b. Household Member: \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**YES NO E. UNEMPLOYMENT BENEFITS**

1. Does any member of your household receive or expect to receive unemployment benefits?
- a. Household Member: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Household Member: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**YES NO F. MEDICAL** (This allowance is permitted only for households whose head or spouse is 62 years of age or older, or disabled)

1. Is any member of your household receiving or expecting to receive medical insurance, such as Medi-Cal, Blue Cross/Blue Shield, AARP, Medicare, Kaiser, etc.
- a. Company Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Company Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
2. Does any member of your household have or expect to have any prescription drug expenses which are NOT covered by insurance?
- a. Amount: \$ \_\_\_\_\_ b. Amount: \_\_\_\_\_
3. Does any member of your household anticipate any medical expenses which are NOT covered by insurance?
- a. Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
4. Does any member of your household anticipate any major dental, vision, or hearing-aid expense in the coming year which are NOT covered by insurance?
- a. Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
5. Do you anticipate expenses in the coming year for the cost of a care attendant or for the cost of equipment for any disabled household member necessary to permit that person or someone else in the household *to work*?
- a. Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- b. Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**YES NO G. OTHER**

1. Do you have full custody of your child (ren)?
- Explanation: \_\_\_\_\_
2. Are there any absent household members who under normal conditions would live with you?
- a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Explanation: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Explanation: \_\_\_\_\_

YES NO

3. Are any household members temporarily absent?  
a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
4. Have you listed any household members who will be permanently absent from the unit?  
a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
5. Will you or any other ADULT household member require a live-in care attendant to live independently?  
Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_  
Is this attendant a part of the household? \_\_\_\_ Yes \_\_\_\_ No
6. Are any members of your household **18 years of age** and a Full-time Student?  
a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
7. Are any members of your household anticipating becoming a Full-time Student in the next 12 months?  
a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
8. Are there any Foster Children who are part of the household?  
a. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Age: \_\_\_\_\_
9. Does any member of your household receive or expect to receive alimony?  
a. Household Member: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ \_\_\_\_ Monthly \_\_\_\_ Quarterly
10. Is any member of your household entitled to receive alimony that is not currently receiving alimony?  
a. Household Member: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ \_\_\_\_ Monthly \_\_\_\_ Quarterly

YES NO

11. Does any member of your household receive or expect to receive any monetary gifts on a regular basis?
- a. Household Member: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Source: \_\_\_\_\_  
Address: \_\_\_\_\_
12. Does anyone in the unit benefit from Handicap Assistance?
- a. Household Member: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Explanation: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Explanation: \_\_\_\_\_
13. Have you or anyone else named on this application filed for bankruptcy?
- a. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
14. Have you or anyone else named on this application been convicted of a felony?
- a. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
15. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
- a. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
16. Have you or anyone else named on this application been convicted of property damage?
- a. Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- b. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

**YES**   **NO**

17. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

a. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

18. Are you receiving or will you receive in the future an Earned Income Tax Credit from your IRS tax return?

a. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

b. Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

19. Do you have any expense for child care of a child aged 12 or younger?

a. Amount: \$ \_\_\_\_\_

Reason for child care: \_\_\_\_\_

I/we acknowledge that I/we have been advised that the making of any misrepresentation or misstatement in this questionnaire will constitute a material breach of my/our agreement with the Landlord to lease the unit and will entitle the Landlord to prevent or terminate my/our occupancy of the unit by institution of an action for ejection or other appropriate proceedings.

Applicant/Tenant Initial(s) \_\_\_\_\_

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/HUD/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information, including but not limited to a credit and/or criminal background check, which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. All information provided is considered confidential and will be handled accordingly.

Applicant/Tenant Initial(s) \_\_\_\_\_

Every household member 18 years and older must sign below:

\_\_\_\_\_  
Signature of Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Member 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management Agent

\_\_\_\_\_  
Date

=====

**For office use only:**

Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Follow-up Needed:  Yes  No If Yes, what is needed: \_\_\_\_\_

Date(s) of Follow-up: \_\_\_\_\_

Follow-up Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_