



post year 15 htc self-certification questionnaire

Head of Household Name	Unit Number
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The information on this form is needed to certify/recertify your household. **Please complete this entire form and leave no blanks.** If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth
1		HoH	
2			
3			
4			
5			
6			
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:			☐ Yes ☐ No

part 2 tenant income

hh mbr #	household member name	income source (wages, ssi, child support, etc.)	gross monthly amount
			\$
			\$
			\$
			\$
			\$
			\$

part 3 asset information

hh mbr #	household member name	asset source (checking, savings, personal property, real property, etc.)	cash value of asset	annual income from asset
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Have you received a tax refund in the last 12 months?		☐ Yes ☐ No	Amount \$_____	

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Do not include items such as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled. Non-necessary items of personal property includes bank accounts, boats, ATV's, coin collection, antique cars, etc. Real property includes a home, land or building that any member of the household owns.

part 4 previous employment

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

All household members ages 18 and older must sign and date.

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____