



CERTIFICATION QUESTIONNAIRE

Property Name: THE LANDING AT PARK ROAD Date: _____

Number of Bedrooms _____

To be Completed by Each Household Member (ages 18 and older).

PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate.

PLEASE PRINT:

1. FAMILY DATA:

Household Member:		Email Address:			
Current Address: Street	City	State	Zip:	Day Phone:	Night Phone:
Current Marital Status: Single () Married () Divorced () Separated () Widowed ()					
Have you ever used another name? () Yes or () No If so please indicate name:					

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number and your name.

2. HOUSEHOLD COMPOSITION: List each person living in the unit.

Member	Name(s)	Relationship To Head	Date of Birth	Gender (M/F)	Full Time Student (Y/N)	Employed (Y/N)	Number
1.		Head					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Do all of the above household members reside in the household 100% of the time? (Y/N) If no, please list those not living in the household 100% of the time _____

Anticipated change in household size within the next 12 months? (Y/N) _____ If Yes, explain _____

Anticipated change in number of students within the next 12 months? (Y/N) _____ If Yes, explain _____

Are all occupants' full time students? Yes No If Yes, please complete student status affidavit.



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3. CURRENT EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

ADDITIONAL EMPLOYMENT

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

4. SOURCE OF INCOME

Is income received from any of the following? Please mark "Yes" or "No" for each source of income.

Employment Income	Check one	Amount Received
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Commission /fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Overtime pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Typical overtime worked throughout the year		Hourly Rate\$ _____ Hours Worked _____ <input type="checkbox"/> Week <input type="checkbox"/> Pay Period <input type="checkbox"/> Month
<input type="checkbox"/> Occasional or seasonal overtime		Hourly Rate\$ _____ Overtime Hours _____ <input type="checkbox"/> Week <input type="checkbox"/> Pay Period <input type="checkbox"/> Month
Workers compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount / Month \$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount / Month \$ _____



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5. OTHER SOURCES OF INCOME

Is income received from any of the following sources? Please mark "yes" or "No" for each source of income.

Type of Asset	Check One	Member #	Monthly Amount
Wages, Salary, etc. thru Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from a Business or Profession	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AFDC or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Income/Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Regularly Recurring Monetary Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Students	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Scholarships/Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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6. HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark "yes" or "No" for each source of income.

Type of Asset	Check One	Value of Asset	Annual Interest
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Investment Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received any lump sum payments such as the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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7. MEDICAL EXPENSES

Are there any household members who are disabled? () "Yes" or () "No"

Expense	Provider	Monthly Out of Pocket Expense
Medicare		
Medicaid		
Medical Insurance		
Prescriptions		
Medical Equipment/Supplies (to work or attend school)		
Dental Expense		
Vision Expense		
Hospital Expense		
Doctor (Co-Pays)		

8. CHILD CARE EXPENSES

Do you pay for children (age 12 or younger) to work or go to school? () "Yes" or () "No"

Child's Name	Age	School Year Care	Summer Care	Provider (Name & Address)
		\$ per	\$ per	
		\$ per	\$ per	
		\$ per	\$ per	
		\$ per	\$ per	
		\$ per	\$ per	

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). ____ Yes or ____ No

Tenant Certification to be Signed by Head of Household or Other Persons Who Signed the Lease

I certify that the information given to the Charlotte Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I also certify that the dwelling unit in this Affidavit of Income is used solely for residence by the family and is the principal place of residence for all members of the family listed in #2, Household Composition. I further certify that all Employment Certification or statements which I have submitted as part of this Affidavit of Income are true, signed by employer or an authorized representative of the employer. I also understand that false statements on information are grounds for termination of housing assistance. Further, I have read or have had read to me the above statement.

Head of Household Signature

Date

Spouse/Co-Head Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning any 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, the PHA 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 42 U.S.C. 208(f), (g) and (h). Violations of these provision are cited as violations of 42 U.S.C. 408(f), (g) and (h).