



**AFFORDABLE
HOUSING
DEVELOPERS**

HOUSEHOLD RECERTIFICATION QUESTIONNAIRE

Property Name: _____

Unit Number: _____

**Tenants must list all persons who will be living in the unit. Give the relationship of each household member to the head of household. Each household member age 18 years or older and under 18 is head, spouse, or co-head of household must disclose income and assets and sign and date the questionnaire. All income current and anticipated for the next 12 months including full-time, part-time and/or seasonal income must be disclosed. All assets of all household members, including minor children, must be disclosed. All questions must be answered to the best of your knowledge. Failure to comply with the recertification process is grounds for termination of your occupancy.*

Name	Relationship	Date of Birth	Social Security #	Student-Yes or No

- ____ YES ____ NO Will any household member, including children, live in the unit on a less than full-time basis?
- ____ YES ____ NO Do you anticipate any change in your household composition (Someone moving in or out) during the next 12 months?
- ____ YES ____ NO Have you disposed of any assets, sold or given away any assets for less than Fair Market Value during the previous 24-month period? *(If yes, must complete Asset Disposal Form)*
- ____ YES ____ NO Do you own a home or other real estate? Approximate Value: _____
If yes, please provide address: _____
- ____ YES ____ NO Do you receive payments for a home you sold by contract for deed? Amount: _____
- ____ YES ____ NO Do you have any collections of value? (Cars, coins, jewelry, stamps etc.)
Description and Value: _____
- ____ YES ____ NO Do you have childcare expenses for children under the age of 13 because you work, are actively seeking employment or attending school? If yes, please list _____
- ____ YES ____ NO Are you over the age of 62 and/or disabled? If yes, please list medical expenses including prescriptions, insurance premiums and copays, outstanding medical bills, and medical equipment: _____



In accordance with Federal civil rights law this institution is an equal opportunity provider and employer. We do not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity.



Household Income*	Gross Monthly Amount	Source
Wages, Salaries <i>(including overtime, tips & bonuses)</i>		
Self-Employment Income		
Regular pay for a member of the armed forces		
Public assistance <i>(including TANF, SNAP, etc.)</i>		
Workers Compensation		
Unemployment benefits or severance pay		
Student financial assistance		
Child support		
Alimony/Spousal support		
Social Security income		
Disability income <i>(including social security disability)</i>		
Regular payments from pensions/retirement benefits		
Death benefits		
Regular payments from annuities or life insurance		
Inheritance, trusts, lottery winnings or settlements		
Income from rental property		
Cash and non-cash contributions/gifts		
Other <i>(please list)</i>		

*If claiming no or limited income, must complete a zero-income worksheet and affidavit

Household Assets	Current Balance	Source
Checking Accounts		
Savings Accounts		
Debit/Cash Card		
Stocks/Bonds/Securities/Capital Investments		
Trusts/401K/IRA/KEOGH Account		
Whole or Universal Life Insurance Policy		
Certificates of Deposit		
Pension/Retirement/Annuity Accounts		
Money Market Accounts		
Treasury Bills		
Lump Sum Payments <i>(inheritance, settlements, lottery winnings)</i>		
Other <i>(please list)</i>		

I/We certify, under penalty of perjury, that the foregoing information is true and correct to the best of my/our knowledge and I/we authorize Management to make inquiries to verify the statements herein. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. If any information changes, I/We agree to notify Management immediately.

Tenant Signature

Date

Tenant Signature

Date



**AFFORDABLE
HOUSING
DEVELOPERS**

GENERAL AUTHORIZATION AND RELEASE OF INFORMATION

Please PRINT complete Legal Name:

Last: _____ First: _____ Middle: _____

Maiden/Former Name: _____ DOB: _____

Driver's License # _____ State _____ Social Security # XXX-XX- _____

Address _____ City _____ State _____ Zip _____

I authorize Affordable Housing Developers, Inc. and RentGrow, Inc. to investigate and obtain information concerning my criminal history, residential history, employment and income history, bank and credit history, medical debt and/or any other information needed for the purpose of certifying or recertifying my eligibility to receive assistance from Federally Subsidized Housing Programs. The source of information may come from, but is not limited to: Credit Bureaus, banks and other depository institutions, current and former employers, medical facilities, federal or state records including State Employment Security Agency records, county or state criminal records, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period not to exceed one (1) year, allowed by law.

Signature

Date

Third Party Verifier: The applicable section of the attached verification form is indicated for your convenience. If remitting the requested information via printout or any other scanned or faxed medium(s), please sign and date them.

*Thank you for your time!
Affordable Housing Developers, Inc.*



In accordance with Federal civil rights law this institution is an equal opportunity provider and employer. We do not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity.

