

## Tenant Based Rental Assistance (TBRA) Program Application



# TB Tenant Based RA Rental Assistance

## Program Application

Please complete this application fully, filling out all required information, and return it to AHC by email, mail, or dropping it off at the AHC office.

Email: [sicilia@ahcgrantcounty.com](mailto:sicilia@ahcgrantcounty.com)

Mail/Drop Off: 812 S Washington St, Marion IN 46953

*\*\*If you have questions while filling out this application, please contact Sicilia Jones at (765) 662-1574 ext 120 \*\**



## Tenant Based Rental Assistance (TBRA) Program Application

### Tenant Based Rental Assistance (TBRA) Program Information

#### What is the TBRA Program?

The TBRA Program provides rental assistance, security deposits, and utility deposits to eligible households. The amount of financial assistance varies per household, and is based on the adjusted income of your household and the rent requested by the landlord.

TBRA Program participants will choose their own rental unit (home or apartment), but the rental unit must meet inspection requirements and the rent charged by the landlord must be considered reasonable.

#### Am I eligible for the TBRA Program?

1. The Head of Household has formerly been incarcerated and meets one of the following 3 criteria:
  - a) The incarceration must have occurred within the last 6 months; or
  - b) The individual/household is currently homeless; or
  - c) The individual/household is at risk of eviction
2. The annual Household income does NOT exceed the follow limits:

One Person Household	Two Person Household	Three Person Household	Four Person Household	Five Person Household
\$34,080	\$38,940	\$43,800	\$48,660	\$52,560

#### Why is the TBRA Program serving formerly incarcerated people?

“Housing a major component of successful reentry,” states GC Probation officer Reggie Lipscomb. The term "re-entry" describes the process and challenges faced by the vast numbers of people released from prison and jail each year, such as drug/alcohol addiction, homelessness, unemployment, physical/mental impairment or illness, and other disabling conditions. Those that have formerly been incarcerated are more likely to have unique housing challenges. In the 2018 report, “No Where to Go: Homelessness Amongst Formerly Incarcerated People,” the Prison Policy Initiative estimates that formerly incarcerated people are 10 times more likely to be homeless than the general public. Access to safe, stable, and decent housing in Grant County is critical to reducing the likelihood of re-offending.

According to the Indiana Department of Corrections, Grant County currently has a total of 421 total adult offenders (as of July 2021). GC Probation estimates that approximately 100 to 150 adult offenders are released annually and reentering the Grant County community. Last year, 156 adult offenders were released in Grant County. A Community Corrections Officer will work with the individual to secure housing prior to their release -- typically with a relative or alternative support system. Yet, without supportive or local relatives/friends in the Grant County area, those who have formerly been incarcerated are likely to end up homeless and more likely to re-offend and/or begin abusing substances again.

The TBRA program provides an alternative option for adults reentering the Grant County community. The TBRA program will offer a supportive framework in which an individual may seek help in locating quality housing, supportive services, and community support, in addition to receiving rental assistance.

# TBRA Program Check List

## Intake Documents

- Referral Partner submits [TBRA Referral Form](#)
- Applicant submits [TBRA Application](#)

## **Income/Identification Documentation – *please include with submission of application OR email to [sicilia@ahcindiana.org](mailto:sicilia@ahcindiana.org) OR bring copies at appointment***

- Obtain proof of former incarceration for member of your household that has formerly been incarcerated (Prison/Jail Release Letter, Attorney Letter, Probation Officer Letter, etc.)
- Documentation for earned income for application (at least one of the following)
  - Copy of the most recent two (2) weeks of consecutive pay stubs
  - Copy of the most recent Federal tax return, filed less than three months prior
  - Salary, wage statements or W-2 forms
  - Third-Party Verification of employment income (i.e. Workforce Development Wage Determination, signed statement by employer, etc.)
- Documentation of income for all household members over 18 years-old, including unearned income (Child Support, SSI, SSDI, pensions, TANF, etc.)

Please answer the questions below as accurately as possible.  
This information will help us to better meet your needs.



**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION



Date \_\_\_\_\_ Time \_\_\_\_\_

**CLIENT INFORMATION**

YOUR Full Name:		Date of Birth: / /	SSN: ___ - ___ - ___
Is anyone buying/renting the home with you? (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, fill out the following:			
HIS/HER Full Name:		Date of Birth: / /	SSN: ___ - ___ - ___
Total Household Size:	Adults (18 and older):	Children (18 or younger):	

**CONTACT INFORMATION**

Phone Number:		Email Address:	
Address:		County:	
City:	State:	Zip:	When did you move in?
Which housing situation best describes you now? (Check One): <input type="checkbox"/> I rent <input type="checkbox"/> I own the home <input type="checkbox"/> Other:			

**INCOME INFORMATION**

Combined Monthly Household Income (Before Taxes): \$ \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

	YES	NO
Do you speak English?		
If NO, list the preferred language: _____		
Does anyone in your household have a disability, as defined by Social Security?		
Are you a single parent?		
Are you 62 years old or older?		
Are you a U.S. Citizen?		
Are you a Veteran?		

**RACE & ETHNICITY (Check One):**

Hispanic  
 American Indian  
 Asian  
 Black/African American  
 Pacific Islander/ Hawaiian  
 White  
 Prefer not to answer  
 Other

**SEX (Check One):**

Female  Transgender  
 Male  Non-Binary  
 Questioning  Different Identity  
 Prefer not to answer

**MARITAL STATUS (Check One):**

Unmarried  Widowed  
 Married  Divorced  
 Separated

**EDUCATION (Check highest level completed):**

No High School Diploma  
 Finished High School  
 GED  
 Some College  
 2 year degree  
 Professional License  
 4 year degree  
 Master's degree  
 Doctoral degree

**TBRA Related Questions:**

Have you been incarcerated? \_\_\_\_ Yes \_\_\_\_ No County/State incarceration took place \_\_\_\_\_

**AHC Use ONLY:**

Date Received: \_\_\_\_\_ Rental Resource Guide Given?  YES  NO

Income Confirmed by: \_\_\_\_\_ Application Fee Paid?  YES  NO



## Tenant Based Rental Assistance (TBRA) Program Application

**FOR OFFICE USE ONLY** Application Received: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide answers to all of the questions below. If a question does not apply to you, then answer, "N/A".

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Are you currently pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

### HOUSEHOLD COMPOSITION:

Please complete all boxes for each person that will be occupying the unit (start with you).

Full Name	Relationship to Head of Household	Date of Birth	Social Security Number
	Head of Household		





**Tenant Based Rental Assistance (TBRA) Program Application**

**INCOME AND ASSETS:**

Employee Name	Employer Name	Amount Per Hour	Hours Per Week	Amount Per Week
Head of Household:		\$	\$	\$
Other Adult:		\$	\$	\$
Other Adult:		\$	\$	\$

Other Income Sources	Household Member	Amount Per Month	Contact Information
TANF		\$	
SSI		\$	
SSI		\$	
Social Security		\$	
Social Security		\$	
Child Support		\$	
Alimony		\$	
Military/Retirement		\$	
Pension		\$	
Income on Rental Property		\$	
Unemployment		\$	
Disability		\$	
Worker's Compensation		\$	
Student Financial Assistance for Tuition Only:		\$	
Student Financial Assistance for Books, Etc. (Non-Tuition):		\$	
Other:		\$	
Other:		\$	

Asset	Household Member	Estimated Balance/Value	Contact Information and Account Numbers
Cash on Hand		\$	
Checking		\$	
Savings		\$	
Certificates of Deposit (CDs)		\$	
Stocks/Bonds		\$	
Real Estate		\$	
Other:		\$	
Other:		\$	

Equal Opportunity Housing \* Equal Opportunity Employer

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.





**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION

**Monthly Household Budget**

Name \_\_\_\_\_ Date \_\_\_\_\_

Income	
Paycheck	
Social Security	
Child Support	
<b>Total Income</b>	

Saving	
Emergency	
Replacement/Repairs	
Long Term	
<b>Total</b>	

Spending	
<i>Household</i>	
Groceries	
Liquor/Tobacco	
Toiletries/Cosmetics	
Diapers/Formula	
Clothing	
Health Insurance	
Medical/Prescriptions	
<b>Total</b>	

Spending	
<i>Housing</i>	
Mortgage (PITI)/Rent	
Rental/Home Insurance	
Electric	
Gas	
Water	
Telephone	
Cell Phone	
Cable/ Satellite	
Internet	
<b>Total</b>	
<i>Debt</i>	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Student Loans (Total)	
Personal Loans	
Payment Plans	
<b>Total</b>	
<i>Vehicles</i>	
Car Payment 1	
Car Payment 2	
Gas/Oil	
Car Insurance	
Maintenance	
<b>Total</b>	

Spending	
<i>Giving</i>	
Donations/Tithe	
<b>Total</b>	
<i>Entertainment</i>	
Lunches/Fast Food	
Restaurants	
Coffee	
Movies/Events	
Hobbies/Lessons	
<b>Total</b>	
<i>Miscellaneous</i>	
Child Care/Babysitting	
Allowances	
Gifts/Parties	
Barber/Beauty	
Other	
<b>Total</b>	

Totals	
Total Income	
Less Planned Saving	
Less Total Expenses	
<b>Surplus/Shortage</b>	

Projections	
Housing Ratio (Net)	
Debt Ratio (Net)	
Savings after 1 year	

# COVER SHEET / FAX TRANSMITTAL

## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

To:
Attention:
Company:
Address:
Phone:
Fax:
Email:

From: Affordable Housing Corporation
812 South Washington Street
Marion, IN 46953
Phone: 765-662-1574
Fax: 765-662-1578
Email:

The undersigned individual has applied for residency at \_\_\_\_\_. The property is operated under the Low-Income Housing Tax Credit Program within Section 42 of the Internal Revenue Code and/or United States Department of Housing and Urban Development HOME Investment Partnerships Program, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with federal regulations requesting verification of all income, assets, and allowances for residents of this property, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Credit and Criminal Activity
- Identity and Marital Status
- Residences and Rental Activity
- Employment, Income, and Assets
- Medical Allowances
- Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

- Courts and Post Offices
- Past and Present Employers
- Utility Companies
- Law Enforcement Agencies
- State Unemployment Agencies
- Credit Providers and Bureaus
- Medical Providers
- Veterans Administration
- Welfare Agencies
- Social Security Administration
- Retirement Systems
- Internal Revenue Service
- Previous Landlords
- Banks/Financial Institutions

**I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two (2) years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the rental housing program.**

### TO BE COMPLETED BY APPLICANT/RESIDENT:

Applicant/Resident Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Co-Applicant/Co-Resident Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



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REQUIRED BROCHURES – RECEIPT CERTIFICATION

**I certify that I reviewed the following brochures:**

\_\_\_ **“Protect Your Family from Lead in Your Home”** Information about lead based paint in your home (Link **Here**)

\_\_\_ **“You May be a Victim of...”** Information about Fair Housing (Link **Here**)

\_\_\_ **“AHCDC Property Management Supportive Services”** Information about local services and programs available to you (Link **Here**)

\_\_\_ **“Notice of Occupancy Rights under the Violence Against Women Act”** Information about the protection available to protections for victims of domestic violence, dating violence, sexual assault, or stalking (Link **Here**)

**Brochures also available at:** [ahcgrantcounty.com/rentalassistance](http://ahcgrantcounty.com/rentalassistance)

**It is my responsibility to read these brochures, and discuss any questions with AHCDC staff.**

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date





812 South Washington Street  
Marion, IN 46953-1967

765.662.1574  
Fax: 765.662.1578  
www.ahcgrantcounty.com

## **Disclosure to Client for HUD Housing Counseling Services** **The Affordable Housing of Marion, Indiana**

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

### **Services Offered:**

Affordable Housing Community Development Corporation (AHCDC) is a HUD-approved local housing counseling agency. We provide the following HUD one-on-one housing counseling: homeless assistance; rental topics; pre-purchase/homebuying; non-delinquency post-purchase; home maintenance and financial management for homeowners; and resolving or preventing mortgage delinquency or default counseling, and more.

**Homeless Assistance Counseling:** The counselor will complete a screening interview and collect as much contact information as possible for follow-up purposes. After the screening interview, the counselor will refer Homeless persons to appropriate resources for immediate assistance. Clients are encouraged to come back and meet with the counselor further to: identify potential resources for the client including HUD Rental programs and rent subsidy programs in the area, and how to apply for occupancy and rent subsidies; work with the client to identify the best possible Rental housing situation; refer the client to the appropriate resources. Clients receive a guide to rental housing in the area (which includes information about income limits, accessibility for persons with a disability, and utility policies at various facilities), as well as information about community resources, Fair Housing Law, and the availability of assistance to purchase a home.

**Rental Topics Counseling:** Any client contacting the agency for Rental assistance will have a one-on-one screening interview with a housing counselor. The counselor will: gather information about the client including family size, household income, and debt amounts; compute the client's gross annual income and housing/debt ratios to determine housing affordability; work with the client to identify barriers to affordable Rental housing and possible solutions; begin to set goals and objectives with the client considering the barriers and available resources; identify potential resources for the client including HUD Rental programs and rent subsidy programs in the area, and how to apply for occupancy and rent subsidies; work with the client to identify the best possible Rental housing situation; refer the client to the appropriate resources. Clients receive a guide to rental housing in the area (which includes information about income limits, accessibility for persons with a disability, and utility policies at various facilities), as well as information about community resources, Fair Housing Law, and the availability of assistance to purchase a home.

**Financial Management Counseling:** The counselor will: discuss housing concerns/questions with the client; gather information relating to client's current income and debt situation noting any changes from time of purchase; assist with developing a functional budget; identify community resources to assist the client; create an action plan to address difficulties; and track client progress unless the client withdraws from counseling.

**Pre-purchase /Homebuying Counseling:** Clients receive comprehensive one-on-one counseling, which covers the entire homebuying process from beginning to end. Participation in a Homebuyer Workshop is generally the first point of contact with pre-purchase clients. During the course, all clients who have not completed a one-on-one with a counselor are encouraged to schedule an individual appointment. AHCDC encourages online participation at [www.ehomeamerica.org](http://www.ehomeamerica.org). AHCDCA offers the in-person workshops as needed. The curriculum used teaches potential homeowners to: know their rights as renters, persons with disabilities, and in regard to Fair Housing law; use long-term money management strategies: budgeting, saving, debt management; and maintain good credit. It also covers the Home Buying Process in depth, providing information about: selecting and working with a Real Estate Agent; selecting a home (includes information about Energy Star appliances and products and Green Development); mortgage loan products and down payment assistance programs available



Affordable Housing  
COMMUNITY DEVELOPMENT CORPORATION



(includes information about FHA products, Section 8 Homeownership Voucher Program); working with a lender (includes information about identifying and reporting predatory lending practices); getting a home inspection (includes providing a copy of "For Your Protection Get a Home Inspection" (HUD Form 92564) and "Ten Important Questions to Ask A Home Inspector"); expected closing costs and documents (includes instruction on how to read Good Faith Estimate, Truth in Lending, and HUD-1 Settlement Statement); tax benefits of homeownership; the advantages of pre-paying a mortgage loan; home maintenance and repairs; and what to look for when refinancing a mortgage loan.

**Non-delinquency Post-purchase Counseling:** The counselor will: discuss housing concerns/questions with the client; gather information relating to client's current income and debt situation noting any changes from time of purchase; assist with developing a functional budget; provide the client with materials on predatory lending and avoiding foreclosure with a contact number to call if problems arise; identify community resources to assist the client; create an action plan to address each client's individual housing situation; and track client progress unless the client withdraws from counseling.

**Home Maintenance and Financial Management for Homeowners Counseling:** The counselor will: discuss housing concerns/questions with the client; gather information relating to client's current income and debt situation noting any changes from time of purchase; assist with developing a functional budget; identify resources to assess the current energy efficiency of the homeowner's home and ways to reduce utility bills and make the home more energy efficient; identify community resources and home repair programs to assist the client; create an action plan to address housing situation; and track client progress unless the client withdraws from counseling.

**Resolving or Preventing Mortgage Delinquency or Default Counseling:**

Mortgage Delinquency/Default counseling will be provided (by phone or in person) as needed by a housing counselor. Default intervention counseling begins when a homeowner initiates contact with AHDC because the homeowner's mortgage is in default or is expected to go into default without counseling intervention. The counselor will: obtain a release to speak with the mortgage lender; determine the amount and extent of the default, and identify the cause of the default; determine if the agency's resources can assist the client to meet the need or resolve the problem; work with the client to develop an immediate intervention plan; make contact with the lender to identify alternatives; determine whether the client might bring the account current within a time period and payment plan acceptable to the lender; identify, examine and select alternatives/ resources; ask the client to choose an achievable alternative utilizing the resources identified and education provided by the housing counselor.

**Agency Conduct:**

We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Employees of AHDC are not attorneys. Any information provided is to be used as a resource and is based solely on the experiences and training of the counselors. No information provided should be regarded as legal advice.

**Relationships with Industry Partners:**

AHDC has financial and exclusive relationships with specific industry partners including HUD, Indiana Housing and Community Development Authority, USDA Rural Development, and the City of Marion. We also partner with lenders, real estate agents, and other housing professionals to provide accurate information to clients and increase access to down-payment assistance programs. AHC may give information about a variety of professional services available in the area. While not always required by mortgage lenders, AHC highly recommends that all clients purchasing a home obtain a home inspection. AHC gives all clients a copy of the HUD Publications "For Your Protection Get a Home Inspection" and "Ten Important Questions to Ask a Home Inspector."

(form continues on next page)



812 South Washington Street  
Marion, IN 46953-1967

765.662.1574  
Fax: 765.662.1578  
www.ahcgrantcounty.com

**No Client Obligation:**

There is no obligation to receive purchase, or use any product or service offered by AHCDC or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

**Alternatives:**

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD’s Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff, such as: building, rehabilitating and selling properties; administering Individual Development Accounts; managing rental properties; packaging USDA Direct loans; and more.

**Individual Development Accounts (“IDA”):** IDA is a matched savings program designed to assist individuals in achieving self-sufficiency through financial capacity training and asset generation. Participants will get a 3 to 1 match (up to \$6,000) usable towards buying a home, higher education, job training programs, or starting a small business. AHC administers approximately twenty (20) accounts annually. Each IDA program participant is offered budget counseling, credit counseling, and financial planning services with a HUD-certified Housing Counselor.

**Tenant Based Rental Assistance (“TBRA”):** TBRA is a program that provides rental assistance to formerly incarcerated individuals. AHC staff helps individuals, and their families obtain stable housing through assisting with the housing search, lease signing, the inspection process, and security deposits and monthly rental payments (See “Appendix I”).

**Fees:**

AHCDC charges fees for credit reports and some types of counseling. There is no charge for foreclosure or homeless prevention counseling. The fee schedule is posted in AHCDC’s office, and a copy is attached to this form. Clients will not be turned away because of a documented inability to pay.

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*I have read and received a copy of this disclosure.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This disclosure was conveyed verbally via a virtual/telephonic session.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Privacy Policy

Affordable Housing and Community Development Corporation (AHCDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### **What is nonpublic, personal information?**

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

### **What personal information does AHCDC collect about you?**

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### **What categories of information do we disclose and to whom?**

We may disclose the following personal information to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

### **How is your personal information secured?**

We restrict access to your nonpublic personal information to AHCDC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

**I acknowledge that I received, reviewed, and agree to AHCDC's Program Disclosures and Privacy Policy.**

\_\_\_\_\_  
Name 1 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name 2 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**INCOME CERTIFICATION QUESTIONNAIRE**

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

Initial Certification    Recertification    Addition of Household Member

**RENTAL ASSISTANCE**

YES      NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below.  Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/> <input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below.  Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

**INCOME INFORMATION**

*Include all income sources, including unearned income of minors.*

YES      NO

**MONTHLY GROSS INCOME**

3. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc.  List types: 1) _____ 2) _____	(Use <u>net</u> income from business)  \$ _____  \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer.  Check all that apply:  <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation  List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____  \$ _____



YES NO

MONTHLY GROSS INCOME

<p>5. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do <b>not</b> count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
<p>6. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
<p>7. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
<p>8. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<p>The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).</p>	<p>\$ _____</p>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (examples: TANF) <b>DO NOT INCLUDE FOOD STAMPS</b></p>	<p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____</p>	<p>\$ _____ (amount received)</p>
<p>14. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
<p>15. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____</p>	<p>\$ _____ \$ _____</p>
<p>16. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive income from real or personal property.</p>	<p>(Use <u>net</u> earned income) \$ _____</p>



<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$_____ per semester
<b>17.</b> <input type="checkbox"/>	<input type="checkbox"/>		
<b>18.</b> <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form	

**ASSET INFORMATION**

*Include all asset sources, including assets of minors.*

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>		<b>INTEREST RATE</b>	<b>CASH VALUE</b>
<b>19.</b> <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
<b>20.</b> <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
<b>21.</b> <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
<b>22.</b> <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
<b>23.</b> <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____





YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____



