

CYCLE RECERTIFICATION

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____

BIN # _____

- Initial Certification
- ✓ Re-certification
- Other
- Address:
- Income Information

Telephone Number: () _____

E-MAIL: _____

Santa Monica, CA

Unit # _____

YES	No		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am self- employed. (List nature of self- employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer & Address</u> 1) _____ _____ 2) _____ _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____	
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/> <input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid receive <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____
Student status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Name of school you are attending now _____ Student ID # _____	

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). Account # If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) Account # If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s) #. If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a WHOLE life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are ALL <u>full-time</u> students (Examples: K-12, College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of ALL persons who have been a full-time student in the previous 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
If you answered YES to either of the previous three questions ANSWER THE FOLLOWING :		
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

HOUSEHOLD COMPOSITION

Birth Date	Please list all household members currently residing in the unit:
1 _____	1. _____ (HEAD)_ Social Security # _____
2 _____	2. _____ Social Security # _____
3 _____	3. _____ Social Security # _____
4 _____	4. _____ Social Security # _____
5 _____	5. _____ Social Security # _____
6 _____	6. _____ Social Security # _____
7 _____	7. _____ Social Security # _____
8 _____	8. _____ Social Security # _____
During the next 12 months, does your household anticipate changes? Yes () No () if yes, explain _____	

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.

PRINTED NAME OF HEAD OF HOUSEHOLD

SIGNATURE OF HEAD OF HOUSE HOLD

DATE

PRINTED NAME OF HOUSEHOLD MEMBER

SIGNATURE OF HOUSEHOLD MEMBER

DATE

PRINTED NAME OF HOUSEHOLD MEMBER

SIGNATURE OF HOUSEHOLD MEMBER

DATE

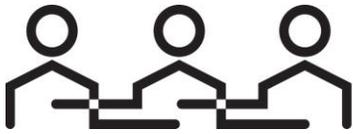
PRINTED NAME OF HOUSEHOLD MEMBER

SIGNATURE OF HOUSEHOLD MEMBER

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



AUTHORIZATION OF RELEASE OF INFORMATION

ALL HOUSEHOLD MEMBERS 18 YEARS-OLD AND OVER MUST SIGN AUTHORIZATION

AUTHORIZATION AND CONSENT

For myself, the undersigned, and for the minor children in my care, I hereby authorize, direct and consent to the release of any information known by any federal, state, or local agency, organization, business, or individual to Community Corporation of Santa Monica ("CCSM") which is necessary to complete and verify my application or recertification for occupancy. I understand that information obtained pursuant to this authorization may be used by CCSM in administering and enforcing its rules and policies.

INFORMATION COVERED

I understand that pursuant to this authorization, CCSM may request information which includes but is not limited to my sources of personal and business income, social security numbers and my past record as a tenant. Further, I understand that such information regarding household members included on my application or recertification may be requested. I understand that this authorization cannot be used to obtain information not relevant to my application or recertification.

INFORMATION SOURCES

The sources that may be asked to release information may include but are not limited to my present employer, previous landlord, public agencies which administer welfare, unemployment, Social Security, and assistance to veterans, schools, and personal references.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will be included in my file at CCSM and will have full effect for a year and one month from the date below.

Printed Name: _____	Signature: _____	Date: _____
Printed Name: _____	Signature: _____	Date: _____
Printed Name: _____	Signature: _____	Date: _____
Printed Name: _____	Signature: _____	Date: _____
Printed Name: _____	Signature: _____	Date: _____
Printed Name: _____	Signature: _____	Date: _____



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4,999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement **(Joint)** next to the applicable asset.

Household Name _____ Unit No. _____

Development Name: CCSM City: Santa Monica

Complete the following:

1. Choose one:

I/we do not have any assets at this time, (if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)
OR

My/our assets include:
(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	=	(A*B) ANNUAL INCOME	SOURCE	(A) Cash Value*	(B) Int. Rate	=	(A*B) ANNUAL INCOME	SOURCE
\$ _____	X _____	=	\$ _____	Savings Account	\$ _____	X _____	=	\$ _____	Checking Account
\$ _____	X _____	=	\$ _____	Cash on Hand	\$ _____	X _____	=	\$ _____	Safety Deposit Box
\$ _____	X _____	=	\$ _____	Certificates of Deposit	\$ _____	X _____	=	\$ _____	Money market funds
\$ _____	X _____	=	\$ _____	Stocks	\$ _____	X _____	=	\$ _____	Bonds
\$ _____	X _____	=	\$ _____	IRA Accounts	\$ _____	X _____	=	\$ _____	401K Accounts
\$ _____	X _____	=	\$ _____	Keogh Accounts	\$ _____	X _____	=	\$ _____	Trust Funds
\$ _____	X _____	=	\$ _____	Equity in real estate	\$ _____	X _____	=	\$ _____	Land Contracts
\$ _____	X _____	=	\$ _____	Lump Sum Receipts	\$ _____	X _____	=	\$ _____	Capital investments
\$ _____	X _____	=	\$ _____	Life Insurance Policies (excluding Term)			=		
\$ _____	X _____	=	\$ _____	Other Retirement/Pension Funds not named above: :			=		_____
\$ _____	X _____	=	\$ _____	Personal property held as an investment** :			=		_____
\$ _____	X _____	=	\$ _____	Other (list):			=		_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose one:

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past (2) years.

OR

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1000 below their fair market value (FMV). Those amounts *are included above and are equal to a total of equal to a total of \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income (add all annual income columns) from the net family assets is \$ _____ This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant Date Applicant/Tenant Date

Applicant/Tenant Date Applicant/Tenant Date