

**EXHIBIT R
CERTIFICATION QUESTIONNAIRE**

Last Name _____ Apartment # _____ Phone # _____

Dear Applicant:

The information on this form is needed in order to re-certify your household as required by the LIHTC program. Please complete this entire form and leave no blanks.

IF THERE ARE ANY QUESTIONS THAT YOU DO NOT UNDERSTAND, PLEASE CALL THE APARTMENT MANAGER. WE THANK YOU IN ADVANCE FOR YOUR COOPERATION.

PART I. HOUSEHOLD COMPOSITION

HH Member	FULL NAME	RELATIONSHIP	DATE OF BIRTH	STUDENT? (ANSWER YES FOR GRADES K-12)	Full-Time Student?	Part-Time Student?	Receiving any source of income?
1		Head of Household		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you expect any additions to the household within the next 12 months? _____

PART II. TENANT INCOME

INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME (use net income from business)	HH MEMBER #
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed. (List nature of self employment) _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Name of Employer 1) _____ \$ _____ 2) _____ \$ _____		
IF YES TO THE QUESTION ABOVE, COMPLETE PART III BELOW.				
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me (exclude groceries and/or day care costs when the day care center is paid directly by the gift-giver).	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we are a full-time or part-time student and receive educational assistance in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid).	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic social security payments.		
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____	
<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/we receive disability or death benefits other than Social Security.	\$ _____	

Yes	No		MONTHLY GROSS INCOME	HH MEMBER #
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Housing Assistance Housing Authority Name _____		
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (example: TANF)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I am / we are entitled to receive child support payments. I am / we are currently receiving child support payments. If yes, from how many persons do you receive support? _____ I am / we are 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/we receive alimony/spousal support payments	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we 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/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____	

PART III. CURRENT EMPLOYMENT INFORMATION

Resident's name		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	# of hours worked per week
		<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	
Work Fax					

Resident's name		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	# of hours worked per week
		<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	
Work Fax					

Additional Household Member		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	# of hours worked per week
		<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	
Work Fax					

PART IV. STUDENT STATUS CERTIFICATION

<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household anticipate becoming a full-time student in the next 12 months who is not currently a full-time student now?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who are all <u>full-time</u> students 5 or more months in a calendar year (Examples: College/University, trade school, etc.)?
If you answered yes to the previous question, are you: <input type="checkbox"/> Married and filing a joint tax return <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"/> A person previously under the care and placement of the state agency (foster care)		<input type="checkbox"/> Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) <input type="checkbox"/> Single parent with child(ren), and the parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other <i>than their parents</i>

PART V. ASSET INFORMATION CERTIFICATION QUESTIONNAIRE

YES	NO		HH MEMBER(S)	INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s) If yes, list bank(s) and the account number(s) _____	_____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description: _____	_____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have personal property that is being held as an investment. If yes, provide description: _____	_____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names and the account number(s) 1) _____ 2) _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and the account number(s) 1) _____ 2) _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a life insurance policy (exclude term policies). If yes, what is/are the account number(s) _____	_____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand or cash in a safe deposit box.	_____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we 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) _____	_____ _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____	_____	_____%	\$ _____

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 APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE