

SECTION 8 ELIGIBILITY, INCOME, AND DEDUCTION WORKSHEET

All adult family members should collectively complete and each sign.

LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M.I.)	Relationship	Date of Birth	Sex	Social Security #
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____

ELIGIBILITY:

YES NO

1. I have a family member who is absent from the home for reasons such as:
 Employment, military service, placement in foster care, temporary
 or permanently confinement to a nursing home or hospital, away at school, etc.
 Please describe if any: _____ _____

2. I have a live-in attendant _____
3. I Anticipate changes in household for reasons such as:
 Expecting a baby, pending adoption, pending custody/joint custody,
 pending foster child(ren), Etc. _____
 Please describe if any: _____

4. Are all members of your household eligible U.S. Residents?
 If no, which members are not eligible? _____ _____
5. Are there any students of Higher Education in your household? _____
 If yes, please list name(s) _____
 Are there any other students in your household? _____
 If yes, please list name(s) _____
 Have any of these students been in foster care? _____
6. Do you receive rental assistance at your current residence (applicants)? _____
 If yes, is the subsidy Section 8 project based? _____
7. Has any member of your household been charged with a felony or a
 drug/alcohol related criminal offense within the last 12 months?
 If yes, were they convicted? _____
8. Is any member of the household subject to a state or federal
 sex offender registration program or lifetime registration program? _____

INCOME, ASSET, AND DEDUCTIONS

A. Income:

YES NO

1. Are you or any other members of the household currently receiving income
 from any of the following sources?
 - Wages/salaries _____
 - Wages earned through a government program, (ie: Senior Aides, Older
 American Community Service Employment Program, AmeriCorps) _____
 If yes, which program: _____
 - Tips, bonuses or commissions _____
 - Overtime pay _____
 - Income from operation of a business _____
 - Social Security _____



Income cont'd:

YES NO

- Disability/SSI _____
- Death benefits _____
- Pensions/retirement funds _____
- Annuities or non-revocable trust _____
- Unemployment _____
- Military pay _____
- Workman's Compensation _____
- Public assistance/TANF _____
- Alimony _____
- Child support _____
- Income from rent or sale of property _____
- Periodic payments from lottery winnings _____
- Regular recurring contributions from persons or agencies
outside of the household _____
- Severance pay/ Insurance policies _____
- Student Grants or Scholarships _____
- Other: _____

2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? _____

If yes, specify the source of the income _____

B. Assets:

YES NO

1. Do you or any other members of the household have any of the following:

- Checking accounts _____
- Savings accounts _____
- Certificates of deposit _____
- Money market funds _____
- IRA/Keogh account _____
- Stocks _____
- Bonds _____
- Treasury bills _____
- Trust funds _____
- If yes, is the trust irrevocable? _____
- Real estate _____
- Whole life or universal life insurance policy _____
- Cash held in safety deposit boxes or home _____
- Assets held in another state or foreign country _____
- Other _____

2. Have you or any other members of the household received any lump sum payments, such as: (Please indicate by circling)

- Inheritance, Lottery Winnings, Insurance Settlements _____
- Other _____

3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years? _____

If yes, please list: _____

4. Do you or any other household members have any assets that are held jointly with another person? _____



DEDUCTIONS:

YES NO

- 1. Is any household member elderly (age 62 or older) or a person with disabilities? _____
- 2. Do you have medical expenses that are not paid for by an outside source such as insurance? _____
- 3. Do you have disability expenses that are not paid for by an outside source? _____
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? _____
- 4. Do you have attendant care expenses? _____
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? _____
- 5. Do you currently pay for childcare services for any children under the age of 13 residing in your household? _____
If yes, is this service necessary in order for you to be employed or to attend school? _____
If yes, are any of these expenses reimbursed by an outside source? _____

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be: evicted, required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to five years, and/or prohibited from receiving future assistance.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an 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 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 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.

_____/_____/_____
Head of Household Date

_____/_____/_____
Other Member over 18 Date

_____/_____/_____
Other Member over 18 Date

Received by: _____/_____/_____
Site Manager Date

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

