

This application was received on \_\_\_\_\_  
at \_\_\_\_\_ am/pm by \_\_\_\_\_.

**Chamberlin + Associates, LLC**  
**APPLICATION/RECERTIFICATION QUESTIONNAIRE**

**NOTE TO TENANT:** In Order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for an Affordable Housing Program. *Providing false information may result in your application being denied, loss of subsidy and/or housing, if applicable.*

Applicant Name:		Telephone Number: (    )
Present Address:	Apartment Number:	E-mail Address:

**HOUSEHOLD COMPOSITION**

*Please read each question carefully, answer each question completely and be prepared to verify items checked yes.*

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest.*

	Last Name, First Name	Relationship to Head of Household	Birth Date	Gender (Voluntary)	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

**Marital Status:**  Single    Married    Divorced    Widowed    Separated

- Yes  No   1. Do you anticipate any changes in the size of your household **within the next 12 months**?  
(Examples: A future spouse, minor entering the home through adoption, children returning from foster care, etc.)  
If yes, please describe any changes here: \_\_\_\_\_
- Yes  No   2. Will anyone listed above, under age 18, live in the unit *less than* 50% of the next 12 months:  
If yes, please explain here: \_\_\_\_\_
- Yes  No   3. Does any member in your household require a Reasonable Accommodation?  
If yes, please specify: \_\_\_\_\_
- Yes  No   4. Does your household receive Section 8 rental or voucher assistance?
- Yes  No   5. Are all household members U.S. citizens?  
If no, please list each family member and where they were born? \_\_\_\_\_



*Please read each question carefully, answer each question completely and be prepared to verify items checked yes.*

**STUDENT ELIGIBILITY QUESTIONS**

- Yes  No 1. Will all of the persons, **including adults**, in the household be or have been full-time students during 5 Calendar months of this year?
  
- Yes  No 2. Will **ANY** members of your household be full-time students during any 5 months of next year?
  
- Yes  No 3. Is **ANY ADULT** member of your household a part or full-time student in an institute of higher education?  
If yes, who is enrolled? \_\_\_\_\_  
Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_  
What is the cost of tuition per semester? \$ \_\_\_\_\_
  
- Yes  No 4. Does **ANY ADULT** member of your household intent to become a student *within the next 12 months*?  
If yes, who will be enrolling in school? \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

**CHILD SUPPORT/ALIMONY INFORMATION**

- Yes  No 1. Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (**Case ID #**): \_\_\_\_\_  
  
**IF NO, SKIP TO QUESTION 2**
  - a. Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
  - b. Name of person(s) paying support/alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  Yes  No  
If **NO**, are you making efforts to collect the amounts due?  Yes  No  
If **YES**, please explain the efforts you're making here: \_\_\_\_\_
  
- Yes  No 2. Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?  
(This includes help from children's father or mother for clothes, groceries, etc.)
  - a. Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
  - b. Name of person(s) paying support/alimony: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**INCOME INFORMATION**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

TYPE OF INCOME		INCOME AMOUNT
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is any member of the household employed? <b>Job 1.)</b> Who is employed? _____ Employer: _____ Phone: _____ Position held: _____ Length of employment: _____  <b>Job 2.)</b> Who is employed? _____ Employer/position: _____ Phone: _____	AMT \$ _____ PER _____  AMT \$ _____ PER _____
<input type="checkbox"/> <b>Check if there are any additional jobs in the household (Attach separate sheet with contact information)</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are any household members self-employed? Who is self-employed? _____ What type of work does this person do? _____ Did you file taxes on this income? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide your last 2 years tax returns)	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are any adult members of your household unemployed? Which adult members are unemployed? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does any household member receive pay form the military? Who is paid by the military? _____ What branch? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does any household member receive any payments from the Social Security Administration? Which type? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Other Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Does any household member receive severance pay or worker's compensation? Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is any household member unemployed and receiving payments from an Unemployment Agency? Who is receiving unemployment benefits? _____ Agency Name: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here) Who is receiving TANF or AFDC benefits? _____ Agency Name: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**INCOME INFORMATION CONTINUED**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

TYPE OF INCOME		INCOME AMOUNT
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay such as rent, cell phone bills, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is there any other source of income we haven't already asked about above that you receive? If yes, please describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Does your household expect any changes in their income <b><u>within the next 12 months?</u></b> If yes, please describe? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Does your household receive long-term care insurance payments for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are payments made to? _____ What company pays this person: _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Do any adult members of your household have zero income? Which adult members have zero income? _____	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**ASSET INFORMATION**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

- Yes  No 1. Does any household member have a Checking, Savings, CD, Money Market, or Debit Express Card/  
Bank 1.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
**Balance:**  Checking \$ \_\_\_\_\_  Savings \$ \_\_\_\_\_  CD/Money Market \$ \_\_\_\_\_  Debit Express Card \$ \_\_\_\_\_  
Bank 2.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
**Balance:**  Checking \$ \_\_\_\_\_  Savings \$ \_\_\_\_\_  CD/Money Market \$ \_\_\_\_\_  Debit Express Card \$ \_\_\_\_\_  
Bank 3.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
**Balance:**  Checking \$ \_\_\_\_\_  Savings \$ \_\_\_\_\_  CD/Money Market \$ \_\_\_\_\_  Debit Express Card \$ \_\_\_\_\_
- Check if there are any additional accounts of these types belonging to the household  
(Attach separate sheet with the bank name, account type, and name(s) on the account)**
- Yes  No 2. Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life  
Insurance Policy (Life insurance that you can make withdrawals from even if there isn't a death)?  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Balance/Value: \$ \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance
- Yes  No 3. Does any household member have an IRA, Keogh, 401K, Annuity or similar account?  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other: \_\_\_\_\_
- Yes  No 4. Does any household member have a Pension account that will pay upon retirement or termination of  
employment (NOT including IRA, Keogh, 401K, or Annuity accounts)?  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_
- Yes  No 5. Does any household member own any Real Estate? (Include Rental Property, Primary Residence,  
Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)  
Property Owner(s): \_\_\_\_\_ Type of property and location: \_\_\_\_\_  
Has anyone disposed of any property within the last 2 years?  Yes  No
- Yes  No 6. Does any household member have personal property that they hold for investment purposes that they  
plan to sell at a later date for profit? (Examples include coin or stamp collections, antique cars, jewelry, etc.)  
Property Type: \_\_\_\_\_ Estimated Cash Value: \_\_\_\_\_
- Yes  No 7. Does any household member have a Trust Account?  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Is this a Revocable or Non-Revocable Trust Account: \_\_\_\_\_ Contact Phone: \_\_\_\_\_
- Yes  No 8. Does any household member have any Treasury Bills or Government Bonds? (savingsbond.gov)  
Which household member? \_\_\_\_\_  
Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- Yes  No 9. Does any household member have **cash on hand**?  
Which household member? \_\_\_\_\_ What amount is kept on hand? \_\_\_\_\_
- Yes  No 10. Does any household member have any accounts or assets that were not described above?  
(Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)  
What type of account or asset is this? \_\_\_\_\_  
What is the estimated value of this asset if you were to sell it today? \$ \_\_\_\_\_
- Yes  No 11. In the past two years, has any household member disposed of any asset(s) for less than they were  
worth?  
(Examples include property, transferring an asset account into someone else's name, etc.)  
What is the estimated value of this asset? \_\_\_\_\_



*Please read each question carefully, answer each question completely and be prepared to verify items checked yes.*

**CRIMINAL/EVICTION HISTORY**

- Yes  No 1. Are you or any members of your family currently using an illegal substance?
- Yes  No 2. Have you or any member of your family ever been convicted of a felony?  
If yes, please describe? \_\_\_\_\_
- Yes  No 3. Have you or any member of you family ever been evicted from any housing?  
If yes, please describe? \_\_\_\_\_
- Yes  No 4. Are you a registered sex offender?

**REFERENCE INFORMATION (IF APPLICABLE)**

**Current Landlord**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How long did you reside there? \_\_\_\_\_

**Previous Landlord**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How long did you reside there? \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**VEHICLE AND PET INFORMATION (IF APPLICABLE)**

**Vehicle #1** \_\_\_\_\_ Drivers License # \_\_\_\_\_ Drivers License State \_\_\_\_\_  
Type of Vehicle: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate # \_\_\_\_\_

**Vehicle #2** \_\_\_\_\_ Drivers License # \_\_\_\_\_ Drivers License State \_\_\_\_\_  
Type of Vehicle: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate # \_\_\_\_\_

**Pet(s)**

Do you own any pets?  Yes  No Number of Pets: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_



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**HUD 202D QUESTIONNAIRE**

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- Yes  No 1. Are you or anyone in the household a military veteran?  
\*If yes, please list family member(s) names: \_\_\_\_\_
- Yes  No 2. Are you or were you ever a Presidentially Declared Disaster Victim?  
If yes, please list the family member(s) names and event: \_\_\_\_\_
- Yes  No 3. Are you or anyone in your household currently homeless?  
If yes, please list family member(s) names: \_\_\_\_\_
- Yes  No 4. Are you or anyone in your household fleeing or attempting to flee from violence?  
If yes, please list family member(s) names: \_\_\_\_\_

\*You may be asked to provide supporting documentation

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**ADDITIONAL INFO.**

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Which property are you applying at? \_\_\_\_\_

When are you looking to move in? \_\_\_\_\_

What bedroom size are you requesting?  Studio  1bd  2bd  3bd  4bd



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**HOUSEHOLD CERTIFICATION**

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I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the property's selection criteria. I/We certify that all information in this application is true and correct to the best of my/our knowledge and I/We understand that giving false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

**DEPOSIT TO HOLD AGREEMENT (to be complete on one application per apartment only):** In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$\_\_\_\_\_ and a \$\_\_\_\_\_ nonrefundable application fee. The holding deposit is refundable if my application is not approved (14 business days are required for processing deposit refund) payable to the party(s) completing this application. If my application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit if I notify you of my deciding to cancel in writing within 72 hours of the date of application receipt (14 business days are required for processing deposit refund). Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my "rent start date" of \_\_\_\_\_, 20\_\_\_\_ or my holding deposit will be forfeited and the apartment re-rented.

**\*\*\*All adult applicants, 18 or older, must sign application.\*\*\***

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Resident

\_\_\_\_\_  
Date

**MANAGEMENT SIGNATURE:**

This application/questionnaire was accepted by:

\_\_\_\_\_  
Apartment Management/Owner's Agent

\_\_\_\_\_  
Date

**NOTE:** Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion, or National Origin.**

