



# post year 15 lihtc self-certification questionnaire

Head of Household Name	Unit Number
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The information on this form is needed to certify/recertify your household. **Please complete this entire form and leave no blanks.** If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

## part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth
1		HoH	
2			
3			
4			
5			
6			

Do you expect any additions to the household within the next 12 months? (check one)  
If yes, please explain:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## part 2 tenant income

hh mbr #	household member name	income source (wages, ssi, child support, etc.)	gross monthly amount
			\$
			\$
			\$
			\$
			\$
			\$

### part 3 asset information

hh mbr #	household member name	asset source (checking, savings, IRA etc.)	cash value of asset	annual income from asset
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

### part 4 previous employment

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State			Zip Code
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State			Zip Code
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name		Occupation/Title				
Employer Name		Contact Person				
Employer Address						
City			State			Zip Code
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month	<input type="checkbox"/> Weekly	Term. Date	Work Phone	Work Fax
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

Resident Name		Occupation/Title				
Employer Name		Contact Person				
Employer Address						
City			State			Zip Code
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month	<input type="checkbox"/> Weekly	Term. Date	Work Phone	Work Fax
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).

**signatures**

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.

All household members ages 18 and older must sign and date.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_