

MARY T. INC. RENTAL PROPERTIES HOUSEHOLD QUESTIONNAIRE Tax Credit Properties Only

Check her	e if this is an Initial Certification					
Property: Unit #				:#		
Move In D	Pate:	Ce	rtification/Re	certification [Date:	
			, .			
Household Member: Relationshi First Name, Middle Name, Last name			Date of Birth	atomata anti-tipita anni-tipa a		Social Security Number
1		Head			·	
2						
3						
4						
5						
6						
		Household I	ncome			
	and anticipated income for the twelve on. Include all full time, part time or se	easonal income ever	n if completing	this application	in the off –s	eason.
YES NO	1 Wages salaries (include evertin	Wages, salaries (include overtime, tips, bonuses, commissions, etc. \$				
		 Wages, salaries (include overtime, tips, bonuses, commissions, etc. Does any member work for someone who pays them in cash or is self- employed? 				
	Regular pay for a member of the armed services					
		 3. Regular pay for a member of the armed services 4. Public Assistance (MFIP, GA) \$ 				
	5. Worker's compensation				\$	
	6. Unemployment benefits or seve	erance pay			\$	
	7. Student financial assistance (pu	T T T T T T T T T T T T T T T T T T T				
	8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)					
	9. Alimony/Spousal Maintenance				\$	
	10. Social Security income (includin	g unearned income of	minor children)		\$	
	11. Disability benefits including soci	, , , ,				
	12. Regular payments from pension	¥				
		<u> </u>				
	14. Death Benefits	¥				
	15. Regular payment from annuities	¥				
	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.				\$	
	17. Net income from rental property \$					
	18. Regular cash and no-cash contri not living in the unit (no includi		th paying bills o	r gifts from individ	duals \$	
	19. Are any changes in income expe other reason?	ected within the next 1	.2 months due to	o a raise, bonus o	r \$	
	20. Other (list)					

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		Assets			
YES	NO	NO DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:			
		21. Checking Accounts	\$		
		22. Savings Accounts (include cash cards used as a savings account)	\$		
		23. Stocks	\$		
		24. Capital Investments	\$		
		25. Bonds	\$		
		26. Trusts	\$		
		27. Securities	\$		
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$		
		29. 401K*	\$		
		30. IRA/KEOGH Accounts	\$		
		31. Certificates of Deposit	\$		
		32. Pension/Retirement/Annuity accounts	\$		
		33. Money Market Funds	\$		
		34. Treasury Bills	\$		
		35. Safety Deposit Box	\$		
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$		
		37. Are any accounts held jointly with someone not in the unit?	ć		
		Which account and with whom?	\$		
		38. Other	\$		
		39. Do you now own a house or other real estate			
		If yes, list address(es)	\$		
		40. Do you receive payments for a house you sold by contract for deed:	\$		
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items	\$		
		held as an investment (wedding rings and personal jewelry do not count)?	*		
		42. Are any assets held jointly with another person? List person and asset(s).			
			\$		
	ENTER THE COMBINED CASH VALUE OF ALL HOUSEHOLD ASSETS \$				

	DO NOT LEAVE THIS SECTION BLANK					
From it	From items 1-42, income and assets above, provide contact information for all "YES" checked items. Use a separate					
	line for each item checked.					
Item	HH		Contact			
Number	Member	Name of Income or Asset (i.e. Target, Wells Fargo)	Phone Number			



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We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below.					
Household Member Asset & Estimated Market Value			Date sold/disposed	Amount Received	
		\$		\$	
Additional	Th	e following questions pertain to eve	ry member of the household		
Yes No		e ither YES or NO in response to each	•	ion for all items checked YES	
	· ·	usehold member including children, live in t			
		cipate any change in your household (some		12 months?	
		lult member of the household have zero inc	• • • • • • • • • • • • • • • • • • • •	etc)	
D	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, etc.) Does your household have any needs that might be better served by a unit which is accessible to persons with mobility hearing or visual impairments?				
Explanation:					
Applicant Sigr	nature:_			_Date	
Applicant Signature:					
Applicant Signature:Date					
This applicant/resident required assistance in completing the Household Questionnaire due to the following:					
Assistance was provided by: Date:				Date:	

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TENANT DEMOGRAPHIC PROFILE

Property Name:				
Unit # Number of BR's	Office use: MHFA #			
Head of Household Name:	Date of Birth:			
Gender of Head of Household: O Male O Fer	male			
Marital Status of Head of Household: ○ Married ○	Separated O Not Married (includes divorced, single, widowed)			
Ethnicity of Head of Household: O Hispanic or Latino	o O Not Hispanic or Latino			
Race of Head of Household: O Asian	, , , , , , , , , , , , , , , , , , ,			
Check all that apply O Black/African American	า			
○ White				
American Indian or Ala				
○ Native Hawaiian or Pac	cific Islander			
Number of Total Adults in Household:	Number of Children Under 18 in household:			
Mobility Impaired: Does at least one household member require features of an accessible unit? O Yes O No				
Social Services: Does any one in the household receive any type of social services? O Yes O No				
Homeless Household: O Household previously without permanent shelter				

The information contained on this form will be used by the owner to compile and submit the Characteristics or Tenant Households, a report of demographic data, to the Minnesota Housing Finance Agency. Failure to provide the requested information will not result in the rejection of your tenant application or residency.

O Homeless for at least 12 months or more that 4 times in 3 years
O Not homeless in the past 3 years or never been homeless

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