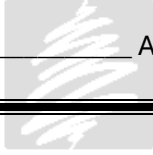


# EVERGREEN APARTMENT GROUP AFFORDABLE HOUSEHOLD RECERTIFICATION QUESTIONNAIRE

PROPERTY NAME: \_\_\_\_\_ APARTMENT NUMBER: \_\_\_\_\_



**1. HOUSEHOLD INFORMATION:**

Occupant #	Household Member Name	Relationship	Race*	Ethnicity*	Disabled*	Last 4 of SS Number	Birthdate	Student Status
1		HEAD			YES <input type="checkbox"/> NO <input type="checkbox"/>			NOT A Student <input type="checkbox"/> FULL TIME Student <input type="checkbox"/> PART TIME Student <input type="checkbox"/>
2					YES <input type="checkbox"/> NO <input type="checkbox"/>			NOT A Student <input type="checkbox"/> FULL TIME Student <input type="checkbox"/> PART TIME Student <input type="checkbox"/>
3					YES <input type="checkbox"/> NO <input type="checkbox"/>			NOT A Student <input type="checkbox"/> FULL TIME Student <input type="checkbox"/> PART TIME Student <input type="checkbox"/>
4					YES <input type="checkbox"/> NO <input type="checkbox"/>			NOT A Student <input type="checkbox"/> FULL TIME Student <input type="checkbox"/> PART TIME Student <input type="checkbox"/>
5					YES <input type="checkbox"/> NO <input type="checkbox"/>			NOT A Student <input type="checkbox"/> FULL TIME Student <input type="checkbox"/> PART TIME Student <input type="checkbox"/>

\*The questions are optional and may be left blank. Definitions for these categories can be found on the enclosed instructions.

**2. ARE THERE ANY HOUSEHOLD CHANGES EXPECTED IN THE NEXT 12 MONTHS?** NO  YES  IF YES, EXPLAIN BELOW:

(PREGNANCY, ADOPTION, FOSTER ETC.)

**3. ARE THERE ANY CHANGES IN STUDENT STATUS EXPECTED IN THE NEXT 12 MONTHS?** NO  YES  IF YES, EXPLAIN BELOW:

(STARTING SCHOOL, GRADUATIONS, CHANGE IS FULL TIME/PART TIME SCHEDULE)

**4. IS ANYONE WHO WILL BE LIVING IN THE HOUSEHOLD SUBJECT TO REGISTRATION AS A SEXUAL OFFENDER AND/OR SEXUAL PREDATOR?** NO  YES  IF YES, EXPLAIN: \_\_\_\_\_

**5. CURRENT HOUSEHOLD CONTACT INFORMATION**

PHONE #: (HOME/PRIMARY) \_\_\_\_\_ (CELL/OTHER) \_\_\_\_\_

HEAD OF HOUSEHOLD EMAIL ADDRESS: \_\_\_\_\_

**6. EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

EMERGENCY CONTACT PHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**7. HOUSEHOLD INCOME. PLEASE ANSWER YES OR NO TO EACH OF THE FOLLOWING INCOME SOURCES:**

Source of Income			Amount	Frequency (hour, week, year etc)	Employer/Company/ Institution Name	Occupant #
Employment	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
2nd Employment	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Cash Pay	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Public Assistance/TANF	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Social Security/SSI	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Disability	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Retirement/Pension/Annuity	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Gig Work (Lyft, Door dash, etc)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Alimony	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Child Support	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Unemployment	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Workmen's Compensation	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Military Pay/Veteran Benefits	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Lottery Winnings	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Seasonal/Sporadic Income	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Net Income from Business	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Student Financial Aid	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Non-Cash Contribution	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			
Other Income	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$			

**8. HOUSEHOLD ASSETS. PLEASE ANSWER YES OR NO TO EACH OF THE FOLLOWING ASSETS:**

Asset Type			Current Balance/ Cash Value	Interest %	Employer/Company/ Institution Name	Occupant(s) #
Checking Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
2nd Checking Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Savings Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
2nd Savings Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Peer to Peer Account (venmo, paypal, cash app etc.)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Direct Debit Cash Card (not linked to another account)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Cash	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Certificate of Deposits	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Money Market Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Trust Funds	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Stocks/Bonds/Treasury Bills'	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Lump Sum Receipts	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Real Estate	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Whole Life Insurance	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Other Investments	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		
Other Asset	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	%		



**RESIDENT STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I authorize management to verify all information provided on this Recertification Questionnaire and by signing below, I consent to such verification. I certify that I have revealed all assets currently held or disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this Recertification Questionnaire are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law.

Head of Household Signature X \_\_\_\_\_ Date \_\_\_\_\_

Co-Head of Household/Spouse Signature X \_\_\_\_\_ Date \_\_\_\_\_

Other Adult House Member(s) Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making any 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 willfully 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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