

Eligibility Questionnaire

All questions must be answered. N/A is not acceptable

Income							
Use the reverse side of each page if more space is needed							
Name:			Unit #:	Phone #:			
Name Of Occupant	Relationship To Head of Household <small>Dependant Or Other-HH Member</small>	Marital Status M-Married S-Single D- Divorced E- Estranged	Date of Birth	Social Security Number	Student Yes/No Full-time Part-time	Income Yes/ No	
Head							
Co-H							
3.							
4.							
5.							
6.							
7.							
8.							

	Yes	No
Have you or any occupant of your household, adult or juvenile, ever been subject to a lifetime sex offender Registration program in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, who and what state?</i>		
Do you have a household occupant who is absent from the home due to: employment, Military service, in foster care, temporarily in a nursing home or hospital, permanently in a nursing home, away at school or other? If yes explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you anticipate any additions to the household in the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Such as: Baby due on: _____ Adopting child on: _____		
Obtaining custody of a child(ren) on: _____		
Obtaining joint custody of a child(ren) on: _____		
Receiving a foster child(ren) on: _____ Other: _____		
<i>If yes explain:</i>		

Additional Anticipated Annual Income:

List any persons or agencies who will be assisting you in the next 12 months:

****Convert assistance into cash value****

Examples: Mother pays your cell phone bill \$50 dollars a month, Childs father buys diapers \$20 dollars a week, Grandmother pays electric bill \$120 dollars a month.

NAME	Address	Phone Number	Items paid	\$ Amount

“This institution is an equal opportunity provider”



Complex:

Unit#

Name:

Household Occupant Name	Source Of Income	Yes	No	Amount	Start Date
		<input type="checkbox"/>	<input type="checkbox"/>		
	Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Address			Include tips, OT, Bonuses And commissions	
	Phone# & Email				
	Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Address			Include tips, OT, Bonuses And commissions	
	Phone# & Email				
	Income from rent and/or sale of property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Wages earned through government programs such as: Senior Aides, older American community service prog., Ameri corp. If Yes Explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Death Benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Severance pay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Annuities or non-revocable trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Military Pay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Periodic Lottery Winnings	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Alimony – Court ordered / Divorce Decree	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Food Stamps	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Title IV / TANF / AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1 st Child	Child Support (Received for each Child)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Have you been awarded child support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Manner in which payment is being received: Agency Court Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Name and address of agency or court:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Parent's name, address, SSN# and Phone #				
2 nd Child	Child Support (Received for each Child)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Have you been awarded child support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Manner in which payment is being received: Agency Court Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Name and address of agency or court:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Parent's name, address, SSN# and Phone #				
3 rd Child	Child Support (Received for each Child)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Have you been awarded child support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Manner in which payment is being received: Agency Court Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Name and address of agency or court:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Parent's name, address, SSN# and Phone #				
	Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	SSI Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Gifts & Contributions	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Regular reoccurring contributions from persons or agencies outside of the household:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Self-Employment (Business Owned)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Workman's Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Pensions (List source of pension)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Veteran's Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Unemployment Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Interest Income (Source)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Long-term care insurance payments:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Are there any other adult household occupants turning 18 receiving incomes not listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Do you anticipate any changes in income in the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes Explain:					

Complex:

Unit#

Name

STUDENTS

Yes No

Is the Applicant (Tenant or CO-Tenant) a student?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, Complete the following for and answer all yes or no questions. If No leave the remaining questions blank and proceed to the next page.

To meet RD/HUD requirements for occupancy eligibility, both Full-Time and Part-Time students must determine dependence or independence from parents.

Answer the Following:

Yes No

1. Of legal age to enter into a contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you been claimed as a dependent on parents' tax returns last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is your address information the same as parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you established a separate household for at least one year prior to today?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Still being claimed by parents' with the IRS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Exceptions for Independent Students:

Yes No

A. Be at least 24 by December 31 st of the current year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Be an orphan or ward of the court through the age of 18.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Be a veteran of the U.S. Armed Forces.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Have a legal dependent i.e. Children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Be a graduate student.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Be Married.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tax Credit

TAX CREDIT REQUIREMENTS FOR OCCUPANCY ELIGIBILITY

THIS COMPLEX IS NOT TAX CREDIT -THIS SECTION DOES NOT APPLY

Students include those attending public or private elementary schools, middle school, junior high, high school, senior high school, colleges, universities, technical, trade or mechanical schools, but not including those attending on-the job training courses.

Yes No

1. Is EVERYONE in the household a full-time student? (including Head of Household)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Was everyone a full-time student during any part of five calendar months of this year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is there anyone in the household who will become a full-time student in the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes Explain:		

IF "YES" TO 1 OR 2 ANSWER THE FOLLOWING QUESTIONS.

IF "NO" TO 1 AND 2 PROCEED TO THE NEXT PAGE.

Are any full-time students married and filing or entitled to file a joint tax return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any students enrolled in a job-training program receiving assistance under the job training partnership act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any full-time students a TANF or a title IV recipient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any full-time students a single parent living with his/her minor child who is being claimed as a dependent on either parents tax return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any full-time students previously been under the care and placement of the foster care system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Complex:

Unit:

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FOR ALL STUDENTS: Check YES or NO			
Student Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	School:	\$
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	School:	\$
Work-study program	<input type="checkbox"/> Yes <input type="checkbox"/> No	School:	\$
ASSETS: Check Yes or No, If Yes give current details			
CASH: In a safety deposit box, purse, pocket or piggy bank?			\$
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account #:	\$
Bank:	Address:		Ph#
Direct deposit card (SS, SSI, Payroll, Child support, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Balance \$
Cash App	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	PayPal <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Venmo	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account #:	Balance \$
Bank:	Address:		Ph #
Crypto Currency (Bitcoin Etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Balance:	Type: Balance \$
IRA/401K	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account#	Balance \$
Trust Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank:	Balance \$
Irrevocable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank:	Balance \$
Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account #	Balance \$
		Bank:	
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account #	Value \$
Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account #	Value \$
		Maturity Date:	
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account #	Value \$
Life Insurance with cash value <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy #	Cash Value \$
Mutual Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
		Policy #	Value \$
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Dividend Paid \$
		# of Shares:	Value \$
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Dividend Paid \$
		# of Shares:	Value \$
Real estate Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	Value \$
Investment Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	Value \$
Have you or any HH occupant disposed of any assets for less than fair market value in the past 2 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes explain: _____ Date: _____			
Assets held in another state or foreign country. <input type="checkbox"/> Yes <input type="checkbox"/> No			Value \$
Have you or any household occupant received a lump sum payment, such as : inheritance, lottery winnings, insurance settlement or other? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
Do you or any HH occupant have assets that are held jointly with another person? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
Vehicle Information			
List vehicles owned/used by tenants. Parking for more than one vehicle is not guaranteed.			
Year:			Year:
Make:			Make:
Model:			Model:
License Plate #:			License Plate #:
Color:			Color:

Complex:

Unit #:

Name:

Income Adjustments

List ALL expenses as requested below. Check Yes or No

Description		Per Week/Month
Do you have out-of-pocket expenses for childcare for a child aged 12 or younger which enables the tenant to be employed or attend school? If yes, list the name, address and telephone number of the care provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Name:	Address:
	Phone #:	
	Email:	
Do you receive childcare assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
Do you have disabled assistance expenses which would enable applicant to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
Disabled or Elderly Household: Anticipated amount for out-of-pocket medical expenses over the next 12 months. Such as: Pharmacy, Dr. Visits, Over the Counter Medications etc.		Amount \$

ELDERLY/DISABLED HOUSHOLD

(Check Yes or No)

To qualify for "Elderly Household" status you must meet the following criteria. A. 62 years or older B. Disabled 18 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for status as an elderly household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, do you realize you are entitled to a \$400 deduction off your yearly gross income and medical expense deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List other disabled occupants residing in your household:	
Name:	
Name:	
Name:	

REASONABLE ACCOMODATIONS

Do you wish to have priority for a unit with special designed features for a household occupant with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe required features:	
Do you need any modifications to a unit to facilitate a need directly related to a household occupants' disability (At the complexes expense)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe required features:	
Do you request any reasonable accommodation to be made in the rules, policies, practices or services when such accommodation would afford an individual with disabilities equal opportunity to occupy and enjoy the complex?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Are you or any member of your household a former military service member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

"Important information for former military service members. Women and men who served in any branch of the United States Armed Forces, Including Army, Nave, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>;

