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	Relationship	Marital	Date of	Social	Stude		Income
	Occupant	To Head of	Status	Birth	Security	Yes/N	-	Yes/ No
		Household	M-Married		Number	Full-tir		
		Dependant	S-Single			Part-tir	ne	
		Or Other-HH Member	D- Divorced					
11		Culci IIII Member	E- Estranged					
Head								
Co-H								
3.								
4.								
5.								
6.								
7.								
8.								
							Yes	No
Have yo	ou or any occupar	nt of your house	ehold, adult or	juvenile,	ever been subject	to a	Yes□	No□
lifetime	e sex offender Reg	gistration progra	ım in any state	?				
If yes,	who and what sta	ate?						
Do you	have a household	d occupant who	is absent fror	n the hom	ne due to: employr	nent,	Yes□	No□
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:								
Do you anticipate any additions to the household in the next 12 months?						No□		
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:								
If yes explain:								

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:

Complex:	Unit#		Name:		
Household Occupant Name	Source Of Income	Yes	No	Amount	Start Date
	Employer	Yes□	No□		
	Address Phone# & Email			Include tips	s, OT, Bonuses
	Employer	Yes□	No□	And comm	15510115
	Address	165	NUL	Include tin	s, OT, Bonuses
	Phone# & Email	-		And comm	
	Income from rent and/or sale of property?	Yes□	No□		
	Wages earned through government programs such as:	Yes□	No□		
	Senior Aides, older American community service prog., Ameri corp. If Yes				
	Explain:				
	Death Benefits?	Yes□	No□		
	Severance pay?	Yes□	No□		
	Annuities or non-revocable trust?	Yes□	No□		
	Military Pay?	Yes□	No□		
	Periodic Lottery Winnings	Yes□	No□		
	Alimony – Court ordered / Divorce Decree	Yes□	No 🗆		
	Food Stamps	Yes□	No□		
4 et O1 '11 I	Title IV / TANF / AFDC	Yes□	No□		
1 st Child	Child Support (Received for each Child)	Yes□	No 🗆		
	Have you been awarded child support by court order? Is payment being received as awarded?	Yes□	No 🗆		
	Manner in which payment is being received: Agency Court Parent	Yes□	No□		
	Name and address of agency or court:	Yes□	No□		
	Parent's name, address, SSN# and Phone #	Yes□	No□		
	Falent's Harne, address, SSIN# and Filone #				
2 nd Child	Child Support (Received for each Child)	Yes□	No□		
	Have you been awarded child support by court order?	Yes□	No□		
	Is payment being received as awarded?	Yes□	No□		
	Manner in which payment is being received: Agency Court Parent	Yes□	No□		
	Name and address of agency or court:	Yes□	No□		
	Parent's name, address, SSN# and Phone #				
3 rd Child	Child Support (Received for each Child)	Yes□	No□		
	Have you been awarded child support by court order?	Yes□	No□		
	Is payment being received as awarded?	Yes□	NO		
	Manner in which payment is being received: Agency Court Parent	Yes□	No 🗆		
	Name and address of agency or court: Parent's name, address, SSN# and Phone #	Yes□	No□		
	Falent's Hame, address, SSIN# and Filone #				
	Social Security	Yes□	No□		
	Social Security	yes□	No□		
	SSI Benefits	Yes□	No□		
	Gifts & Contributions	Yes□	No□		
	Regular reoccurring contributions from persons or agencies	Yes□	No□		
	outside of the household:				
	Self-Employment (Business Owned)	Yes□	No□		
	Workman's Compensation	Yes□	No□		
	Pensions (List source of pension)	Yes□	No□		
	Veteran's Benefits	Yes□	No□		
	Unemployment Compensation	Yes□	No□		
	Interest Income (Source)	Yes□	No□		
	Long-term care insurance payments:	Yes□	No□		
	Other	Yes□	No□		
	Are there any other adult household occupants turning 18	Yes□	No□		
	receiving incomes not listed above?				
	Do you anticipate any changes in income in the next 12 months?	Yes□	No□		

Complex:	Unit#	Name		
	STUDENTS		Υ	es No
	Is the Applicant (Tenant or CO-Tenant) a studen	t?	Yes□	No□
If Yes, Complete the follo	wing for and answer all yes or no questions. If No le	eave the remaining questions		
	blank and proceed to the next p	page.		
To meet RD/HUD requirem or independence from pare	ents for occupancy eligibility, both Full-Time and Pents.	art-Time students must determi	ne depen	dence
Answer the Following:			Y	es No
1. Of legal age to enter int	to a contract?		Yes□	No□
2. Have you been claimed	d as a dependent on parents' tax returns last year?		Yes□	No□
3. Is you address information	tion the same as parent?		Yes□	No□
4. Have you established a	a separate household for at least one year prior to to	oday?	Yes□	No□
5. Still being claimed by p	parents' with the IRS?		Yes□	No□
Exceptions for Independe	ent Students:		Y	es No
A. Be at least 24 by Decer	mber 31 st of the current year.		Yes□	No□
B. Be an orphan or ward o	of the court through the age of 18.		Yes□	No□
C. Be a veteran of the U.S	. Armed Forces.		Yes□	No□
D. Have a legal dependen	it i.e. Children.		Yes□	No□
E. Be a graduate student.			Yes□	No□
F. Be Married.			Yes□	No□
	Tax Credit TAX CREDIT REQUIREMENTS FOR OCCUPA THIS COMPLEX IS NOT TAX CREDIT -THIS SEC ding public or private elementary schools, middle school hnical, trade or mechanical schools, but not including the	TION DOES NOT APPLY	_	colleges,
			Y	es No
1. Is EVERYONE in the h	household a full-time student? (including Head	d of Household)	Yes□	No□
2. Was everyone a full-t	time student during any part of five calendar m	nonths of this year?	Yes□	No□
3. Is there anyone in the	e household who will become a full-time stude	ent in the next 12 months?	Yes□	No□
If yes Explain:				
	ISWER THE FOLLOWING QUESTIONS. ROCEED TO THE NEXT PAGE.			
Are any full-time stud	lents married and filing or entitled to file a	joint tax return?	Yes□	No□
Are any students enro	olled in a job-training program receiving as	sistance under the iob	Yes□	No□
training partnership a	,	,		
<u> </u>	lents a TANF or a title IV recipient?		Yes□	No□
	lents a single parent living with his/her min	or child who is being	Yes□	No□
· ·	ent on either parents tax return?			
Have any full-time stu	udents previously been under the care and	placement of the foster	Yes□	No□

Complex: Unit: Name:

FOR ALL STUDENTS: Check YES or NO					
Student Grants □Yes□No	School:		\$		
Scholarships ☐ Yes ☐ No	School:		\$		
Work-study program ☐ Yes ☐ No	School:		\$		
	TS: Check Yes or No,	If Yes give current d	etails		
CASH: In a safety deposit box, purse, po	cket or piggy bank?		\$		
Checking Account □Yes □No	Account #:		\$		
	Address:	F	Ph#		
Direct deposit card \square Yes \square No (SS, SSI, Payroll, Child support, etc.	Type:		Balance \$		
Cash App ☐ Yes☐ No \$	PayPal □ Yes□ No	\$	Venmo □ Yes□ No \$		
Savings Account ☐ Yes☐ No	Account #:		Balance \$		
Bank:	Address:		Ph #		
Crypto Currency (Bitcoin Etc.)	Type:		Type:		
☐ Yes ☐ No	Balance:		Balance \$		
IRA/401K □Yes□ No	Account#		Balance \$		
Trust Account: □Yes □No	Bank:		Balance \$		
Irrevocable: □Yes □No	Bank:		Balance \$		
Certificate □Yes □No	Account # Bank:		Balance \$		
Treasury Bills □Yes □No	Account #		Value \$		
Savings Bonds Yes No	Account #		Value \$		
Cavings Bonas = 163 = 146	Maturity Date:		, value ¢		
Money Market ☐ Yes ☐ No	Account #		Value \$		
Life Insurance with cash value	Policy#		Cash Value \$		
□Yes □No	,				
Mutual Fund □Yes □No	Name:				
	Policy#		Value \$		
Stocks □Yes □No	Name:		Dividend Paid \$		
Davida DV DN-	# of Shares:		Value \$		
Bonds □Yes □No	Name: # of Shares:		Dividend Paid \$ Value \$		
Real estate Owned Yes No	Address:		Value \$		
Investment Property ☐ Yes ☐ No	Address:		Value \$		
Have you or any HH occupant disposed		han fair market value			
Yes□ No If Yes explain:	or arry addictor for toda to	naman market vatae	Date:		
Assets held in another state or foreign co	ountry. Yes No		Value \$		
Have you or any household occupant red		ment. such as : inhe	· · · · · · · · · · · · · · · · · · ·		
settlement or other? □Yes □No		Amoun			
Do you or any HH occupant have assets that are held jointly with another person? \(\subseteq Yes \subseteq No \) Amount \$					
	Vehicle Int				
List vehicles owned/used by tenants. Par	king for more than one	e vehicle is not guara	nteed.		
Year:		Year:			
Make:		Make:			
Model:		Model:			
License Plate #:		License Plate #:			
Color:		Color:			

Complex:	Unit #: Name:		
	Income Adjustments		
List ALL	expenses as requested below. Check Y	es or No	
Description			ek/Month
Do you have out-of-pocket expenses for childcare for a child aged 12 or	□Yes □No	\$	
younger which enables the tenant to be	Name:	Address:	
employed or attend school? If yes, list	Phone #:		
the name, address and telephone	Email:		
number of the care provider.			
Do you receive childcare assistance	□Yes □No	Amount \$	
Do you have disabled assistance	□Yes □No	Amount \$	
expenses which would enable			
applicant to work?			
Disabled or Elderly Household: An	ticipated amount for out-of-pocket	Amount \$	
medical expenses over the next 12 mont			
Such as: Pharmacy, Dr. Visits, Over the C			
ELDERLY/DISABLED HO	USHOLD		(Check Yes or No)
To qualify for "Elderly Household" status	you must meet the following criteria. A. 6	2 years or older	□Yes □No
	В. С	Disabled 18 or older	□Yes □No
Are you applying for status as an elder	ly household?		□Yes □No
If so, do you realize you are entitled to	a \$400 deduction off your yearly gross in	come and	□Yes □No
medical expense deduction?			
List other disabled occupants residing	in your household:		
Name:			
Name:			
Name:	A CONTRACTOR ACTION	ONG	
	ASONABLE ACCOMODATION		
Do you wish to have priority for a unit with disabilities?	n special designed features for a household oc	ecupant with	□Yes □No
If Yes, please describe required features:			
Do you need any modifications to a unit	to facilitate a need directly related to a hou	icahald accuments?	□Yes □No
disability (At the complexes expense)	10 facilitate a need unfectly related to a not	isentiu occupants	□ res □ No
If yes, please describe required features:			
,, p			
	dation to be made in the rules, policies, pr		□Yes □No
	an individual with disabilities equal oppor	rtunity to occupy	
and enjoy the complex?			
If yes, please describe:			
Are you or any member of your household	ld a former military service member?		□Yes □No
1 And you or any member of your nousello	in a former minitary service member:		□ 162 □140

"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/;

Complex:	Unit:	Name:			
*:	***** WARNIN	\G*****	*****	:***	
agency of the United Sta or makes any false fictiti	United States code provides, "Whoever, in tes knowingly and willfully falsifies, conce ous or fraudulent statement or representation, fictitious or fraudulent statement or entry	eals or covers up ons, or makes or	by any trick, scheme uses any false writir	e, or device a r	material fact, t knowing the
,	CERTIFIC	CATION			
this apartment prior to or management's selection I/We understand that fals termination of tenancy a data being obtained by R	this unit will serve as households' primary is coupancy. I/We understand that my eligibilic criteria. I/We certify that all information in se statements or information are punishable fter occupancy. All adult applicants. 18 or of the HS and/or the borrower.	residence, I/We uty for housing we the application is by law and will older, must sign t	ill be based on appli s true to the best of a lead to cancellation	icable income I my/our knowle of this applica	limits and by edge, and tion or
Are you a United St	ates Citizen (Check One) ☐ Yes ☐	No			
SIGNATURE(S):	(of all household members 18 and olded DATE		/APPLICANT	DATE	:
CO-TENANT/APPLICAN	NT DATE	TENAN	T/APPLICANT	DATI	E
MANAGEMENT			DATE		
Federal Government, act applicants on the basis of required to furnish this in to discriminate against y sex of the individual app	ing race, ethnicity, and sex designation solicing through the Rural Housing Service, that frace, color, national origin, religion, sex, formation but are encouraged to do so. The ou in any way However, if you choose not licants on the basis of visual observation or	t Federal Laws pramilial status, against information was to furnish it, the	prohibiting discriming ge and handicap are ill not be used in eva	nation against t complied with aluating you ap	enant . You are not oplication or
(APPLICANTS ONI Number codes for race:	1. American Indian or Alaskan Native	A Native Hay	vaiian or Pacific Isla	nder	
Number codes for face.	Asian Black or African American	5. White	vanian of Facilic Isla.	nder	
Letter codes or ethnicity:	A. Hispanic or Latino B. Non-Hispanic or Latino				
For each household men	nber list, the appropriate <u>NUMBER</u> code	for race and <u>L</u>	ETTER code for et	hnicity.	
House	ehold Occupant Name	Race	Ethnicity	Male	Female

This apartment community is managed by:

OSC-MANAGEMENT, INC. 2701 Houma Blvd, Metairie, La. 70006 (504) 887-0900