



RECERTIFICATION QUESTIONNAIRE

Fax To: (813) 925-4289

PROPERTY: _____ DATE: _____

DUE DATE OF RECERTIFICATION: _____

All Applicants over 18 years of age must complete a separate application.

Please list all current information and note any changes that may have occurred since your last certification.

RESIDENT INFORMATION:

Name: _____ Apartment Number: _____

Home Phone: _____ HOH/Work Phone: _____ Cell Phone _____

APARTMENT OCCUPANTS:

List all dependents and other persons including absent household and unborn members that will be living (50% of the leasing period) in the apartment.

Household member name	Relationship to Head of Household	Birth Date	Age	Gender	Student Y or N	If Student Full-Time or Part-Time
	Head of Household					

Do you have custody of all minors (17 and under) listed above? Yes No None

“Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution?” Yes No If yes, the full name of the Institution attending:

New or departing residents must be indicated to management. Has anyone joined or moved out of your household since your last certification? Yes No If yes, list and explain

Present Employer _____ **Position** _____

Employer's Local Address _____

Street Suite # City State Zip
 Phone (____) ____ - _____ FAX (____) ____ - _____

Date employed from: _____ Gross: Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ _____

Other Current employment: Yes No

If yes, Other Employer _____ **Position** _____

Employer's Local Address _____

Street Suite # City State Zip
 Phone (____) ____ - _____ FAX (____) ____ - _____

Date employed from: _____ Gross: Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ _____

Other Sources of Income

Do you receive or have you been awarded (for yourself or on behalf of someone else) any of the following?				
Income Source	Check Box		\$ Amount Received	List How It Is Received
	Yes	No		Weekly, Monthly, Annually
Social Security/ S.S.I./ S.S.D.				
Alimony				
T.A.N.F. (Cash Assistance)				
Retirement Income				
Unemployment Compensation				
Disability/Workman Compensation				
Annuity Payments				
Armed Forces Reserve				
Recurring Periodic Income				
Foster Care /Adoption Maintenance				
Gift Contributions				
Unreported or Undeclared Tips				
Rental Income				
Anticipated Seasonal / Summer Employment				

Do you receive child support? Yes No		If yes for either question please complete the below <u>for All Children in the household.</u>				
Are you pending court ordered support? Yes No		Check Box		Source	\$ Amount Received	List How It Is Received
		Yes	No	Court Ordered, Voluntary, None		Weekly, Bi-Weekly, Monthly, Bi-Monthly, Annually

Are you currently unemployed? Yes No

If yes, are you claiming zero income for the next 12 months? Yes No

If yes, Full Legal Name of Source of Support: _____

Household Asset Verification

Assets	Yes	No	Amount/Average Balance	Interest
Checking				
Savings				
Trust Funds / Land Contracts / Lump Sum Receipts				
IRA / Certificate of Deposit / Money Market				
401K / Stocks / Bond / Keogh Accounts				
Investments / Safety Deposit Box				
Whole Life Insurance / Capital Investments				
Cash on Hand / Personal Property held as an Investment				
Other / Retirement / Pension Funds				

Are the combined household Assets more than \$5,000.00? Yes No

Do you own a home? Yes No

Have you disposed of any assets in the past 2 years? Yes No

If yes, for less than fair market value? Yes No If yes, value of assets disposed \$ _____

General Information

Current Marital Status: (circle one) Single Married Divorced Separated Widowed

If separated or estranged, Full Name of Spouse _____

If reconciliation occurs prior to expiration of the lease and my spouse wishes to reside with me, our entire household must re-qualify as a new household.

Have you or any member of your household who will be residing in the apartment ever been charged with:

Misdemeanor? Yes No

Felony? Yes No

Voluntary Statistical Data

Update to address household member changes to be completed at household recertification only

Information in this addendum is gathered for statistical use only.

No resident / applicant is required to give such information unless they desire to do so.

Refusal to provide information will not affect any rights the household members have as residents or applicants

There is no penalty for households that do not complete the form.

If your household elects not to participate

HOH must check the box below and initial in the space provided

HOH initial we choose not to participate

Racial Categories* (Select All That Apply)	Total Number of Household Members Per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Asian <i>and</i> Black or African American		
Other multiple race combination		

APPLICANT AUTHORIZATION AND CERTIFICATION

By signing below the Resident authorizes the owner/manager to verify household members criminal background, contact current and/or previous landlords, obtain credit, eviction court record and sex offender registration information to verify any or all information provided on this application. Resident understands that eligibility for housing will be based on applicable income limits and by management’s selection criteria.

By signing below, the Resident provides written consent allowing the school he or she is enrolled in (if applicable) to release the specified enrollment information to Richman Property Services, Inc. or the company it represents.

Under penalty of perjury, the Resident represents that all of the above statements are true and complete to the best of their knowledge, and hereby authorizes verification of the above information. Resident acknowledges that false, misleading or incomplete information herein may constitute grounds for rejection of this Recertification and renewal of the Lease Agreement and may constitute an act of fraud under laws of this state.

I/we hereby affirm that the foregoing information is true and correct to the best of my/our knowledge.

Applicant Signature

Date

Owner/Management Representative

Date

For Office Use Only
QuickBase Record ID # _____

