

**Section 8
Income Certification Questionnaire**

*Boardman Meadows
Ecumen*

Boardman Meadows is a Federally Funded Low Income Housing facility committed to providing quality low-income housing and service to seniors **62 years or older**. As a condition of occupancy and building financing commitments, all applicants **must income qualify** to reside at Boardman Meadows.

Please use the questionnaire below to indicate your household income. Boardman Meadows / Ecumen is required to third party-verify all income, asset and medical information provided. If upon verification of household income, management determines that you do not income qualify, Boardman Meadows reserves the right to reject your application for housing or terminate your ongoing subsidy assistance. If you are a current resident, you will be allowed to remain at Boardman Meadows, however, you will be required to pay the market rate rent for your apartment.

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful or false statements, or misrepresentation of any material fact involving the use or obtaining federal funds

Household Income Information (All information received will be verified by a third party)

For each household member, list current and anticipated **gross income** for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time, or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

<i>Income Question</i>	<i>Yes</i>	<i>No</i>	<i>Gross Annual Amount</i>
<i>Do you receive or expect to receive:</i>			
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, Self employment)	_____	_____	\$ _____
2. Does any member of work for someone who pay them cash?	_____	_____	\$ _____
3. Regular pay for a member of the armed forces?	_____	_____	\$ _____
4. Welfare or disability benefits? (AFDC, SS, GA)?	_____	_____	\$ _____
5. Worker’s Compensation?	_____	_____	\$ _____
6. Unemployment Benefits or Severance Pay?	_____	_____	\$ _____
7. Child Support?	_____	_____	\$ _____
8. Alimony?	_____	_____	\$ _____
9. Education grants, scholarship grants or VA student benefits?	_____	_____	\$ _____
10. Social Security Payments?	_____	_____	\$ _____
11. Pensions (PERA, Railroad Retirement, etc.)?	_____	_____	\$ _____
12. Death Benefits?	_____	_____	\$ _____
13. Retirement Benefits?	_____	_____	\$ _____
14. Annuities or life insurance dividends?	_____	_____	\$ _____
15. Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)?	_____	_____	\$ _____
16. Net income from rental property?	_____	_____	\$ _____
17. Regular cash contributions or gifts from individuals not living In the unit?	_____	_____	\$ _____
18. Other Income? (please list)	_____	_____	\$ _____

Sources of Income Name & Address Information

<i>Type of Income</i>	<i>Family Member Receiving Income</i>	<i>Name of Income Source</i>	<i>Address</i>

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<i>Asset Question</i>	<i>Yes</i>	<i>No</i>	<i>Estimated Amount/Value</i>
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Do you have money held in:

1. Checking Accounts?	_____	_____	\$ _____
2. Savings Accounts?	_____	_____	\$ _____
3. Stocks?	_____	_____	\$ _____
4. Capital Investments?	_____	_____	\$ _____
5. Bonds?	_____	_____	\$ _____
6. Trusts?	_____	_____	\$ _____
7. Securities?	_____	_____	\$ _____
8. IRA/KEOGH Accounts?	_____	_____	\$ _____
9. Certificates of Deposit?	_____	_____	\$ _____
10. Pension/Retirement Funds?	_____	_____	\$ _____
11. Mutual Funds?	_____	_____	\$ _____
12. Treasury Bills?	_____	_____	\$ _____
13. Safety Deposit Box?	_____	_____	\$ _____
14. Insurance Settlement?	_____	_____	\$ _____
15. Other? (list) _____	_____	_____	\$ _____
_____	_____	_____	\$ _____
16. Do you currently hold a contract for deed?	_____	_____	\$ _____
17. Do you currently own real estate? If yes, please list the location(s), number of acres owned, Expenses, (ie., taxes, insurance, etc.) any income received.	_____	_____	\$ _____
18. Do you have any coin collections, antique cars, gems/jewelry Stamps, or any other items held for investment purposes? _____	_____	_____	\$ _____
19. Any assets held jointly with another person?	_____	_____	\$ _____

If yes, please list person(s) name and the asset(s) held jointly: _____

Sources of Assets Name & Address Information

Type of Asset	Family Member Who owns Asset	Name of Asset Source / Banking Institution	Address

Medial Expenses Question	Yes	No	Estimated Expense
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Do you have the following medical expenses ?

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|---|-------|-------|----------|
| 1. Do you have private medical insurance? | _____ | _____ | \$ _____ |
| 2. Do you private pay (pay out of pocket) for medications? | _____ | _____ | \$ _____ |
| 3. Do you private pay (pay out of pocket) for doctor visits? | _____ | _____ | \$ _____ |
| 4. Do you private pay (pay out of pocket) for eye glasses? | _____ | _____ | \$ _____ |
| 5. Do you private pay (pay out of pocket) for dental visits? | _____ | _____ | \$ _____ |
| 6. Do you have any outstanding medical expenses that you are Currently making payments on? | _____ | _____ | \$ _____ |
| 7. Do you private pay (pay out of pocket) for transportation To and from medical appointments? | _____ | _____ | \$ _____ |
| 8. Are you currently making payments on a Long Term Life Insurance Policy? | _____ | _____ | \$ _____ |
| 9. Are you currently eligible for County Medical Assistance? If yes, do you have a medical assistance spend down? | _____ | _____ | \$ _____ |

Medical Expenses Name & Address Information

Type of Expense	Family Member Expense	Name of Expense	Address

I hereby certify that the above supplied information is true, correct and accurate to the best of my knowledge.

Resident/Applicant Signature

Date

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