



Program Eligibility Questionnaire

SECTION 1: HOUSEHOLD INFORMATION			
Applicant Name:		Other Household Members (names and ages):	
Co-Applicant Name:			
Current Street Address:	Apt. No.:	City:	Zip Code
Telephone Number:	Alternate Tel. #	Primary Contact's Email address:	

SECTION 2: ASSETS			
Name of Account Holder	Asset Description (Account Name and last 4 digits of account #)	Current Cash Value of Assets	Actual Annual Income from Assets
Liquid Assets (checking, saving, money markets, stocks)			
Non-Liquid (retirement, CDs - including maturity date)			
2. Net Cash Value of Assets.....(excluding non-liquid)			
3. Total Actual Income from Assets.....			
4. If Line 2 is greater than \$5,000, multiply line by <u>0.06%</u> (Passbook Rate - FY2016) and enter results here if not, leave blank.			

SECTION 3: ANTICIPATED HOUSEHOLD ANNUAL INCOME					
Name of Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income *
5. Totals					
6. Enter total of items from 5a. through 5e. This is Annual Income.....					

* Where household assets exceed \$5,000, use the greater of actual income (Line 3) or projected income based on passbook rate (Line 4).

SECTION 4: CERTIFICATIONS	
Total Number of people in household: _____	Does applicant currently own a home? <input type="checkbox"/> yes/no <input type="checkbox"/>
Client Certification - By signing this form, I hereby certify the following:	
I have disclosed above all sources of income for myself, any co-borrowers, other household members.....	_____ Initial
I intend to live in the home as my primary residence	_____ Initial
I also certify that the number of household members to reside in the home is accurate.....	_____ Initial

Primary Borrower's Signature	Date Signed	Co-borrower's Signature	Date signed
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For Office Use Only	
Percent of median income	Signature of Intake Counselor Date
Date/Time of Certification	Name of Intake Counselor
Property Interested In	Date
	Name of Supervisor