

## Lewis Income Certification

Initial application     Annual recertification    |    Date: \_\_\_ / \_\_\_ / \_\_\_\_

### SECTION 1. Resident Information

a. List information about the head of the household (main contact person)

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Head Work Phone #: \_\_\_\_\_ Co-Tenant Work Phone #: \_\_\_\_\_

b. List all Residents of the apartment:

Name	Relationship to head	Birth date	SS #	Employer	Student Y/N

c. Have there been any changes in household composition in the last 12 months?  Yes  No

d. Do you anticipate any changes in who lives in the apartment in the next year?  Yes  No

Explain c and d: \_\_\_\_\_

e. No one else can join the household without prior management approval. DO you plan to have anyone living with you in the future who is not listed above?  Yes  No

Explain: \_\_\_\_\_

f. Do you need any specific features of unit designs, such as wheelchair accessibility, visual aid or apparatus for hearing assistance?  Yes  No

Explain: \_\_\_\_\_

e. Do you have any pets?  No,  Yes. If Yes, what kind/how many? \_\_\_\_\_

Thank you for answering the above questions. Each member of the household over 18 must now complete Section 2, then must sign below along with signing the required verification release forms for us to verify the information you provided in Section 2.

### Certification by Applicants

I/We certify that all questions have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers and certify that all answers are true to the best of my/our knowledge and that any misrepresentations of information will lead to the rejection of our application/cancelation of lease.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MUC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2. Income & Asset Information for \_\_\_\_\_**

*(this section must be completed separately for each household member over 18 years of age)*

a. Do you receive income from: \*not incl. in calculating income, may aid in determining student status/ ability to pay rent

Source	Yes	No	Amount
Employment			
Social Security			
SSI			
TANF/Public Assistance			
Disability			
Unemployment			
Pension / Annuity			
Veteran's Benefits			
Workers Compensation			
Alimony			
Are you entitled to receive Alimony?			
Child Support			
Are you entitled to receive Child Support?			
Military Pay			
Business Income			
Income from Assets (stock dividends, etc)			
Contributions from Friends/Relatives			
Other income Source: _____			
Grants or Scholarships *			

b. Did you file an income tax return last year? \_\_\_ yes \_\_\_ no Income from return: \$ \_\_\_\_\_

c. Is this a significant change from this year, and if so why? \_\_\_\_\_

d. Do you have any of the following assets?

Asset	Yes	No	Name	Value
Checking Account				
Savings Account				
Stocks / Bonds				
Mutual Funds				
Certificates of Deposit (CDs)				
IRA / Roth IRA				
Other retirement funds				
Trust Accounts				
Life Insurance				
Real Estate				

e. Do you have any asset(s) owned jointly with a person who does not live in the apartment?

\_\_\_\_\_

f. Have you disposed of any other assets in the last 2 years? \_\_\_\_\_

g. If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_ Mortgage or loans balance: \_\_\_\_\_

Annual Insurance Premium: \_\_\_\_\_ Most recent tax bill: \_\_\_\_\_

h. Have you sold / disposed of any property in the last 2 years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market value when sold: \_\_\_\_\_ Amount sold for: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

i. Do you have any other assets not listed above (excluding personal property?) \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list: \_\_\_\_\_

*Include income source documentation and verifications after this page.*

**SECTION 2. Income & Asset Information for \_\_\_\_\_**

*(this section must be completed separately for each household member over 18 years of age)*

a. Do you receive income from: \*not incl. in calculating income, may aid in determining student status/ ability to pay rent

Source	Yes	No	Amount
Employment			
Social Security			
SSI			
TANF/Public Assistance			
Disability			
Unemployment			
Pension / Annuity			
Veteran's Benefits			
Workers Compensation			
Alimony			
Are you entitled to receive Alimony?			
Child Support			
Are you entitled to receive Child Support?			
Military Pay			
Business Income			
Income from Assets (stock dividends, etc)			
Contributions from Friends/Relatives			
Other income Source: _____			
Grants or Scholarships *			

b. Did you file an income tax return last year? \_\_\_ yes \_\_\_ no Income from return: \$ \_\_\_\_\_

c. Is this a significant change from this year, and if so why? \_\_\_\_\_

d. Do you have any of the following assets?

Asset	Yes	No	Name	Value
Checking Account				
Savings Account				
Stocks / Bonds				
Mutual Funds				
Certificates of Deposit (CDs)				
IRA / Roth IRA				
Other retirement funds				
Trust Accounts				
Life Insurance				
Real Estate				

e. Do you have any asset(s) owned jointly with a person who does not live in the apartment?

\_\_\_\_\_

f. Have you disposed of any other assets in the last 2 years? \_\_\_\_\_

g. If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_ Mortgage or loans balance: \_\_\_\_\_

Annual Insurance Premium: \_\_\_\_\_ Most recent tax bill: \_\_\_\_\_

h. Have you sold / disposed of any property in the last 2 years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market value when sold: \_\_\_\_\_ Amount sold for: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

i. Do you have any other assets not listed above (excluding personal property?) \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list: \_\_\_\_\_

*Include income source documentation and verifications after this page.*

**SECTION 2. Income & Asset Information for \_\_\_\_\_**

*(this section must be completed separately for each household member over 18 years of age)*

a. Do you receive income from: \*not incl. in calculating income, may aid in determining student status/ ability to pay rent

Source	Yes	No	Amount
Employment			
Social Security			
SSI			
TANF/Public Assistance			
Disability			
Unemployment			
Pension / Annuity			
Veteran's Benefits			
Workers Compensation			
Alimony			
Are you entitled to receive Alimony?			
Child Support			
Are you entitled to receive Child Support?			
Military Pay			
Business Income			
Income from Assets (stock dividends, etc)			
Contributions from Friends/Relatives			
Other income Source: _____			
Grants or Scholarships *			

b. Did you file an income tax return last year? \_\_\_ yes \_\_\_ no Income from return: \$ \_\_\_\_\_

c. Is this a significant change from this year, and if so why? \_\_\_\_\_

d. Do you have any of the following assets?

Asset	Yes	No	Name	Value
Checking Account				
Savings Account				
Stocks / Bonds				
Mutual Funds				
Certificates of Deposit (CDs)				
IRA / Roth IRA				
Other retirement funds				
Trust Accounts				
Life Insurance				
Real Estate				

e. Do you have any asset(s) owned jointly with a person who does not live in the apartment?

\_\_\_\_\_

f. Have you disposed of any other assets in the last 2 years? \_\_\_\_\_

g. If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_ Mortgage or loans balance: \_\_\_\_\_

Annual Insurance Premium: \_\_\_\_\_ Most recent tax bill: \_\_\_\_\_

h. Have you sold / disposed of any property in the last 2 years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market value when sold: \_\_\_\_\_ Amount sold for: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

i. Do you have any other assets not listed above (excluding personal property?) \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list: \_\_\_\_\_

*Include income source documentation and verifications after this page.*

**SECTION 2. Income & Asset Information for \_\_\_\_\_**

*(this section must be completed separately for each household member over 18 years of age)*

a. Do you receive income from: \*not incl. in calculating income, may aid in determining student status/ ability to pay rent

Source	Yes	No	Amount
Employment			
Social Security			
SSI			
TANF/Public Assistance			
Disability			
Unemployment			
Pension / Annuity			
Veteran's Benefits			
Workers Compensation			
Alimony			
Are you entitled to receive Alimony?			
Child Support			
Are you entitled to receive Child Support?			
Military Pay			
Business Income			
Income from Assets (stock dividends, etc)			
Contributions from Friends/Relatives			
Other income Source: _____			
Grants or Scholarships *			

b. Did you file an income tax return last year? \_\_\_ yes \_\_\_ no Income from return: \$ \_\_\_\_\_

c. Is this a significant change from this year, and if so why? \_\_\_\_\_

d. Do you have any of the following assets?

Asset	Yes	No	Name	Value
Checking Account				
Savings Account				
Stocks / Bonds				
Mutual Funds				
Certificates of Deposit (CDs)				
IRA / Roth IRA				
Other retirement funds				
Trust Accounts				
Life Insurance				
Real Estate				

e. Do you have any asset(s) owned jointly with a person who does not live in the apartment?

\_\_\_\_\_



f. Have you disposed of any other assets in the last 2 years? \_\_\_\_\_

g. If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_ Mortgage or loans balance: \_\_\_\_\_

Annual Insurance Premium: \_\_\_\_\_ Most recent tax bill: \_\_\_\_\_

h. Have you sold / disposed of any property in the last 2 years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, Type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market value when sold: \_\_\_\_\_ Amount sold for: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

i. Do you have any other assets not listed above (excluding personal property?) \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list: \_\_\_\_\_

*Include income source documentation and verifications after this page.*