

INTERVIEW CHECKLIST

Property Name _____

Date _____

A personal interview is required in order to process an applicant for tenancy or for initial certification for the Low Income Housing Tax Credit program. This interview checklist will be used with all applicants to go over the application or certification.

All questions will be asked during the interview with the applicant(s)/tenants required to sign this form at the end of the interview.

You have applied for a 1 BR 2 BR 3 BR 4 BR Handicap Special Needs

Please name all other persons to be in the household:

Name & Age	Relationship to Head	Student?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is this the entire household to occupy the unit? YES NO

As site/resident manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? Yes No

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application? Yes No

Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, the preceding calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

If yes, please explain: _____

If yes, answer the following questions

Are the full time student married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student enrolled in a job-training program receiving assistance under the job training partnership act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student an AFDC/TANF recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the full time student a single parent living with his/her minor child who is not a dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the full-time student previously in foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

We are going to review the checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member currently receiving/ will receive within the next 12 calendar months income from:

Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Pension/Annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Veterans Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Unemployment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Workman's Comp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
AFDC/Public Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Do you receive Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Do you receive Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Military Pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Net Income from Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Contributions from Friends/Relatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Income from Assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
Other Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly
**Grants or Scholarships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Weekly Monthly Yearly

[**Not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent]

Are you **entitled** to receive Alimony? Yes No

Are you **entitled** to receive Child Support? Yes No

Do you or a family member have any of the following assets AND are any assets owned jointly?:

Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Real Estate is owned, is it for sale? Yes No Rented? Yes No Sold? Yes No

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.) Yes No

Other Current Assets (Cash, etc.?) Yes No

Have any assets been disposed of within the past two years? Yes No

Please explain if any of the above assets are, or have been, held jointly:
