

EXHIBIT 6 - HOME Tenant Questionnaire
(Complete all sections requested, If a question does not apply, please put N/A)

Project Name: _____ Initial Certification Date: _____

Unit No. _____ Bedroom Size: _____ Annual Recertification Date: _____

Applicant Name: _____

Address: _____
 Street, Box No. City State Zip

1. List all occupants of the unit

Occupant	Relationship	Social Security Number	Date of Birth	Sex
(a) _____	Head of House	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____

2. Are all members of the household U.S. Citizens? Yes () No ()

3. Race of Head of Household: Hispanic or Latino: Yes () No ()
 () White () Asian & White
 () Black/African American () Black/African American & White
 () Asian () American Indian/Alaskan Native & Black African American
 () Native Hawaiian/ Other Pacific Islander
 () American Indian/Alaskan Native & White
 () Other Multi-Racial

4. The following question is optional. However, the information supplied may be used to determine any special needs you may have.

Do any family members have a disability? Yes () No ()
 If so, what type of special accommodations may be needed? _____

5. If tenant is already residing in the HOME project, complete this section. Otherwise, go to Question 6.

CURRENT RENT
 Monthly \$ _____

CURRENT UTILITY ALLOWANCE
 Monthly \$ _____

6. Do you currently receive rental assistance? Yes () No ()
 Amount Per Month

If yes, are you receiving: Section 8 Certificate () _____
 Section 8 Voucher () _____
 Other () _____

7. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.

	<u>Yes</u>	<u>No</u>
Is any member of your household employed, full-time, part-time, or seasonally?	_____	_____
Does any member of your household expect to work for any period during the next 12 months?	_____	_____
Does any member of your household work for someone who pays them in cash?	_____	_____
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	_____	_____
Does any member of your household now receive or expect to receive unemployment benefits?	_____	_____
Does any member of your household now receive or expect to receive child support?	_____	_____
Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
Does any member of your household now receive or expect to receive alimony payments?	_____	_____
Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
Does any member of your household receive or expect to receive welfare assistance?	_____	_____
Does any member of your household receive or expect to receive Social Security benefits?	_____	_____
Does any member of your household receive or expect to receive income from a pension or annuity?	_____	_____
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____
Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property?	_____	_____

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

FAMILY MEMBER	SOURCE OF INCOME/ TYPE OF INCOME	ANNUAL INCOME

If additional space is needed attach a separate sheet.

8. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE	BALANCE

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? _____

Did you have any assets in the last two years not listed above? _____

If yes, did you dispose of any assets for less than fair market value? yes or no _____

(This means that the assets were either given away or sold at less than the allotted market value.)
What were the assets, the market value at the time of disposition, the amount received, and date
you disposed of the assets? _____

Any assets listed as disposed of for less than fair market value in the two years preceding the
effective date of the certification or recertification will be counted as assets if the difference between
the value and the amount received exceeds \$1000.

RESIDENT'S STATEMENT: I understand that the above information is being collected to determine
my eligibility for residency. I authorize the owner/manager to verify all information provided on this
application and my signature is consent to obtain such verification. I certify that I have revealed all assets
currently held or previously disposed of and that I have no assets other than those listed on this form
(other than personal property). I further certify that the statements made in this application are true and
complete to the best of my knowledge and belief and that I am aware that false statements are
punishable under Federal law and grounds for eviction.

Signature of Head: _____ Date: _____

Signature of Spouse or Co-Tenant: _____ Date: _____

Property Name: _____

Federal law requires us to obtain criminal background and sex offender registration for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below. The questions regard drug-related, sex offender and other criminal activity that could adversely affect the health, safety or welfare of other residents. Failure to provide complete and accurate information will result in the rejection of the application.

1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years?
 Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
 Yes No
4. Have you been convicted of any drug-related crime within the past five years?
 Yes No
5. Have you been convicted of any felony within the past five years? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes No
7. Have you been convicted of any crime involving violence with in the past five years?
 Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you currently and have previously resided.

10. Have you ever used or been known by any other name? Yes No

PENALTY OF PERJURY CLAUSE

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of subsidy, termination of the lease agreement and referral to the U.S. Inspector General's office.

Title 18, Section 1001 if the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Applicant Signature _____ Date _____
Applicant Name (Print) _____

_____ does not discriminate on the basis of handicap status in the admission or access to, or treatment or employment in, its federally assisted properties, programs and activities.
The following person has been designated to coordinated compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Developments regulations implementing Section 504: _____