

Household Composition and Income Questionnaire

Date Received: _____

A. Household Composition

Please be sure to include your Head of Household information as Member #1

	Relationship to Head of Household	Name Last, First MI	Gender M/F (Optional)	Marital Status (Optional)	Social Security Number	Date of Birth (mm/dd/yyyy)
Member #1	Head of Household					
Member #2						
Member #3						
Member #4						
Member #5						
Member #6						
Member #7						
Member #8						
Member #9						

Do you anticipate any household changes within the next twelve months? ☐ YES ☐ NO	If Yes, Expected # of: Additions: _____ or Reductions: _____	Changes in household size may impact eligibility at Move-In
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A. Head of Household Information

Please be sure to include your Head of Household information as Member #1

Head of Household Name:	Email Address	Landline: Phone:
Receive text about your application? I agree to accept text messages about this housing application. You are not required to agree to receive text messages to complete your application or receive services from Haven Connect. You may withdraw your consent at any time. If you do not select a preferred method, we will contact you at the email address you provide. ☐ YES ☐ NO		Mobile Phone
Residence Street Address _____ City _____ State _____ Zip Code _____		
Choose A Unit Size ☐ STUDIO ☐ 1 BEDROOM ☐ 2 BEDROOM ☐ 3 BEDROOM	How/where did you find out about this property?	
Do you or anyone who will be living with you require special unit design features for mobility impairment? ☐ YES ☐ NO Do you or someone in your household currently live in Redwood City? ☐ YES ☐ NO Have you or a member of your household ever lived in Redwood City? ☐ YES ☐ NO Have you or someone in your household been displaced by any activity including police powers, code of enforcement or public projects implemented by the City of Redwood City? ☐ YES ☐ NO Are you or a member of your household currently employed or been offered employment in the City of Redwood City for at least twenty (20) hours per week on average? ☐ YES ☐ NO		

B. Income & Assets

Describe all Household Members' (from above) income from employment and/or any other source, including assistance.

N/A or Current Employer Name:		Supervisor:		Phone:	
Street Address _____ City _____ State _____ Zip Code _____				Household Member # (Circle One) ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9	
Job Title:		Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly		From _____ To _____
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number:	
N/A or Current Employer Name:		Supervisor:		Phone:	
Street Address _____ City _____ State _____ Zip Code _____				Household Member # (Circle One) ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9	
Job Title:		Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly		From _____ To _____
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number:	
N/A or Current Employer Name:		Supervisor:		Phone:	
Street Address _____ City _____ State _____ Zip Code _____				Household Member # (Circle One) ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9	
Job Title:		Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly		From _____ To _____
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number:	
N/A or Current Employer Name:		Supervisor:		Phone:	
Street Address _____ City _____ State _____ Zip Code _____				Household Member # (Circle One) ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9	
Job Title:		Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly		From _____ To _____
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number:	
N/A or Current Employer Name:		Supervisor:		Phone:	
Street Address _____ City _____ State _____ Zip Code _____				Household Member # (Circle One) ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9	
Job Title:		Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly		From _____ To _____
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number:	

B. Income & Assets

Describe all Household Members' (from above) income from employment and/or any other source, including assistance.

Current Employer Name:	Supervisor:	Phone:
N/A or		

Address: _____				Household Member # (Circle One)		
Street Address	City	State	Zip Code	☐ #1	☐ #2	☐ #3
				☐ #4	☐ #5	☐ #6
				☐ #7	☐ #8	☐ #9

Job Title:	Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly	<i>From</i>	<i>To</i>
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HR Contact Name:	Average # Hours Worked Per Week:	HR Contact Phone Number:
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N/A or Current or Previous Employer Name:	Supervisor:	Phone:
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Address: _____				_____
Street Address	City	State	Zip Code	Household Member #

Job Title:	Salary: \$ Dollar Amount	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly	From	To
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HR Contact Name:	Average # Hours Worked Per Week:	HR Contact Phone Number:
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N/A or Current or Previous Employer Name:	Supervisor:	Phone:
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Address: _____				Household Member # (Circle One)
Street Address	City	State	Zip Code	

Job Title:	Salary: \$ _____ Dollar Amount	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly	From	To
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HR Contact Name:	Average # Hours Worked Per Week:	HR Contact Phone Number:
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N/A or Current or Previous Employer Name:	Supervisor:	Phone:
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Address: _____ Street Address City State Zip Code				Household Member # ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9		
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Job Title:	Salary: \$ _____ <i>Dollar Amount</i>	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Bi-Wkly ☐ Bi-Mthly	<i>From</i>	<i>To</i>
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HR Contact Name:	Average # Hours Worked Per Week:	HR Contact Phone Number:
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Total <u>Employment</u> Income	☐ Zero Income	☐ \$1–\$20,000	☐ \$20,001–\$40,000	☐ \$40,001–\$60,000	☐ \$60,001–\$80,000
	☐ \$80,001–\$100,000	☐ \$100,001–\$120,000	☐ \$120,001–\$140,000	☐ \$140,001–\$160,000	☐ \$160,000+

Other Income Sources	Circle if N/A	Source Name, Address & Telephone No.	Gross Monthly	Member(s) #
Social Security (SS, SSI, AFDC)	N/A ☐			
Social Security (SS, SSI, AFDC)	N/A ☐			
Pensions (VA, Retirement Plan, etc.)	N/A ☐			
Pensions (VA, Retirement Plan, etc.)	N/A ☐			
Financial Investments	N/A ☐			
Financial Investments	N/A ☐			
Financial Investments	N/A ☐			
Gifts from Household	N/A ☐			
Gifts from Household	N/A ☐			
Other:	N/A ☐			
Other:	N/A ☐			
Other:	N/A ☐			
Financial Investments	N/A ☐			
TOTAL MONTHLY INCOME FROM OTHER SOURCES:			0	ALL

Zero Income Verification

Are **YOU** or **ANY ADULT** member of your household claiming zero (\$0) income? YES ☐ NO ☒ Indicate which household member(s) here:

☐ #1
 ☐ #2
 ☐ #3
 ☐ #4
 ☐ #5
 ☐ #6
 ☐ #7
 ☐ #8
 ☐ #9

Asset Source	Circle if N/A	Source Name, Address & Telephone No.	Value or Balance	Member(s) #
Checking or Credit Union Banking	N/A ☐			
Checking or Credit Union Banking	N/A ☐			
Checking or Credit Union Banking	N/A ☐			
Savings	N/A ☐			
Savings	N/A ☐			
Whole Life Insurance	N/A ☐			
Whole Life Insurance	N/A ☐			
Mutual Fund	N/A ☐			
Stocks	N/A ☐		Cash Value: _____	
Bonds	N/A ☐		Cash Value: _____	
Other:	N/A ☐		Cash Value: _____	
Other:	N/A ☐		Cash Value: _____	

Do you own any Real Estate Property? ☐ YES ☐ NO	If Yes, Type of Property: _____	Location of Property: _____
Owned by Household Members: _____	Mortgage or Outstanding Loan Due _____	Appraised Market Value: _____

Have you or any other member of your household, disposed of or given away ANY asset(s) for LESS than Fair Market Value within the last two years? ☐ YES ☐ NO

Amount: \$_____ Explanation:

C. Signature & Consent

I certify that the information I have provided is true and correct. I understand and acknowledge that providing false or misleading information may be grounds for denying any application for housing or terminating tenancy.

I authorize and consent to have landlord verify the information contained in this application. I will provide all necessary information including source names, addresses, and phone and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the applicable affordable housing requirements.

The Millton apartments are at reduced rent due to an affordable program implemented in conjunction with Redwood City. Certain information is required in order to qualify you, including but not limited to confirmation of your household income and size. Applicants will be given a preference if you were displaced by a City action or due to a public project implemented by the City, or if the applicant lives, used to live, works, or were offered a job to work in Redwood City. In order to establish this preference, as well as to establish your income and household composition, additional information may be required after this application is submitted.

Applicants that are denied during the application processing procedure can submit an appeal for further review. A copy of the appeal procedures is available upon request. Equal housing opportunity: there will be no discrimination against or segregation of any persons on account of race, color, national origin, ancestry, creed, religion, gender, gender identity, gender expression, sexual orientation, genetic information, marital status, familial status, age, source of income, immigration status, citizenship, primary language, handicap, disability or any other protected classification under state or federal law.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this form together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

Applicant Signature (HOH) #1: _____ Printed Name: _____ Date: _____

Applicant Signature (Other Adult/Co-head)#2: _____ Printed Name: _____ Date: _____

Applicant Signature (Other Adult) #3: _____ Printed Name: _____ Date: _____

Applicant Signature (Other Adult) #4: _____ Printed Name: _____ Date: _____

The undersigned agent certifies that the information sought herein is for the purpose of the applicant's eligibility for tenancy and for no other purpose. Additionally, I have verified the identification of the individual named above by reviewing government issued identification.

Property Manager/Agent Signature: _____ Printed Name: _____ Date: _____

Woodmont and its affiliates comply with the Fair Housing Act, the Rehabilitation Act of 1973 and the Fair Housing Act Amendments of 1988 prohibiting discrimination based on race, color, national origin, disability, sex, religion, and familial status and Title VI of the Civil Rights Act of 1964 prohibiting discrimination on the basis of disability in any program or activity receiving federal financial assistance. We do not discriminate and do not deny or limit services, terms, conditions, privileges or facilities based on race, color, creed, religion, sex, sexual orientation, age, disability, medical condition, marital status, familial status, source of income, or national origin, or any other protected classification under State or local law, in any and all aspects of applicant/ resident relations, including without limitation, accepting and processing applications, selecting residents from eligible applicants on the waiting list; assigning units, certifying and re-certifying eligibility for assistance, granting accommodation, and terminating tenancies.

