

Income and Asset Questionnaire

City of Charleston, Department of Housing and Community Development, 75 Calhoun St., Suite 3200, Charleston, SC
29401. (843) 724-3766; Fax: (843) 965-4180

Applicant Information

Head of Household					
Name (Full Legal Name)	Social Security Number	Date of Birth	Age	Sex M F	
Address		Home Telephone		Work Telephone	

Family Composition					
Name (Full Legal Name)	Social Security #	Relationship	Date of Birth	Age	Sex M F
					M F
					M F
					M F
					M F
					M F

- Do you expect the above household members to change during the coming years? Yes No
If yes, explain: _____.
- Are any members in your household full time students? Yes No
If yes, list members: _____.

Income							
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Do you or any adult member of your household have any income from or receiving on behalf of a minor any of the following income?

		Yes	No			Yes	No
01.	Employment	<input type="checkbox"/>	<input type="checkbox"/>	11.	Disability or Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>
02.	Income from a business	<input type="checkbox"/>	<input type="checkbox"/>	12.	Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
03.	Social Security (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	13.	Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>
04.	Social Security (Child)	<input type="checkbox"/>	<input type="checkbox"/>	14.	Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>
05.	Disability	<input type="checkbox"/>	<input type="checkbox"/>	15.	Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>
06.	AFDC	<input type="checkbox"/>	<input type="checkbox"/>	16.	Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>
07.	Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	17.	Scholarships	<input type="checkbox"/>	<input type="checkbox"/>
08.	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	18.	Caretaking of Children or Elderly	<input type="checkbox"/>	<input type="checkbox"/>
09.	Child Support	<input type="checkbox"/>	<input type="checkbox"/>	19.	Payments from Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
10.	Alimony	<input type="checkbox"/>	<input type="checkbox"/>	20.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above; Complete the area provided below

Household Member	Source of Benefit/income	Employer or Agency's Mailing Address, City, State, Zip	#Hrs Per week	Full/ Part time	Amount Per Month
				F P	
				F P	
				F P	
				F P	

- Did you file a federal income tax return last year? Yes No

If no, explain: _____

- Have you or any other member of your household disposed of any assets at less than fair market value during the past two years? Yes No

If yes, explain: _____

Assets

Do you or any member of your household own any of the following types of assets?

	Yes	No		Yes	No
1. Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	8. Other Financial Assets	<input type="checkbox"/>	<input type="checkbox"/>
2. Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	9. Rental Property	<input type="checkbox"/>	<input type="checkbox"/>
3. Savings Certificate	<input type="checkbox"/>	<input type="checkbox"/>	10. Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
4. Bonds	<input type="checkbox"/>	<input type="checkbox"/>	11. Mortgages	<input type="checkbox"/>	<input type="checkbox"/>
5. Stocks	<input type="checkbox"/>	<input type="checkbox"/>	12. Land Contracts	<input type="checkbox"/>	<input type="checkbox"/>
6. Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	13. Deeds or Trust	<input type="checkbox"/>	<input type="checkbox"/>
7. Credit Union Savings	<input type="checkbox"/>	<input type="checkbox"/>	14. Annuities	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above please complete the following information:

#	\$ Income	Per	Description of Asset & List Name Bank and/or Financial Institution

I certify that the information given on this form is correct and complete:

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Note: Section 101 of Title 18 of the US 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 State Government.

I certify that the information given on this form has been verified:

Recipient Signature: _____ Date: _____