



M-19A Income and Asset Questionnaire

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

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

- Do you expect the above household members to change during the coming year? Yes No

If yes, explain: _____.

- Are any members in your household full time students? Yes No

If yes, list members: _____.

Income					
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	

- 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 of assets at less than fair market value during the past two years? Yes No

If yes, explain: _____

<u>Assets</u>					
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 States Government.

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

Recipient 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 States Government.