

ELIGIBILITY AND RECERTIFICATION INTERVIEW SCRIPT

The basic purpose of this script is to ask the right questions, at the right time, and in the right way to ensure data from the applicant/tenant is correct, complete, and accurate. The following script provides guidance to be followed in conducting each interview. Instructions for following the script are in italics. Responses to questions should be recorded on the appropriate interview guide and compared to responses on the application.

Script (Suggested working for questions)

These questions will help us determine your eligibility (or eligibility for continued occupancy) and the amount of rent you will pay. All of the questions I will be asking are about your situation today and for the coming year. It may be that things will change during the year, but I am interested in knowing what you anticipate. If things change, you should contact me within 10 days of the change.

A. Contact and Communications Information

1. Where do you live now?
 - a. Does everyone listed on your application live at this address?
 - b. If no, where do they live?
2. What is your current mailing address?
3. What is your cell phone number?
4. What is your email address?

B. Household Composition

For each person in the household, ask the following questions:

1. Let's start with the head of household. Who is the head of household? What is his/her name?
 - a. Has he/she ever used another name? If yes, what name(s)?
If head of household, skip to Q2a.
2. What is your relationship to head of household?
 - a. Are you, or is another household member, attending school?
If no, skip to Q3.
 - b. May I see a document that verifies full or part-time student status?
 - c. Is any student financial assistance received?
3. What is his/her/your date and place of birth?
 - a. May I see a document that supports his/her/your date of birth?
 - b. What race do you consider yourself/him/her to be?

White/Black/American Indian/Alaskan Native/Asian/Pacific Islander Other_____

- c. Are you/household member Hispanic or non-Hispanic?
- d. ***If this person is under 18 years of age***, ask: Are both parents in the household?
- e. *If no*, ask: What is the name and address of the absent parent(s)?

4. Are you/Is household member a United States citizen?
If no, skip to Q5. If yes, ask Q4a, then skip to Q6.
 - a. May I see a document that supports your/household member's citizenship status?
5. Do you/Does household member have legal immigration status?
If no, skip to Q5b. If yes, in whose name? Ask:
 - a. What is your/household member's Alien Registration number?
 - b. May I see a document that supports you/household member's citizenship status?
6. What is your/household member's Social Security number?
 - a. May I see a document that supports your/household member's Social Security number?
 - b. Has another Social Security number ever been used?
If yes, obtain number(s).
7. Do you, or any family member, wish to claim a disability for purposes of calculating your rent or receiving special accommodations available to persons with disabilities?
If the need is not obvious, continue to ask?
 - a. May I see verification that supports the disability?
 - b. What special accommodations do you/hh member require?
8. During the coming year, are you/is household member temporarily or permanently living away from home?
If no, skip to Q9.
 - a. Where will you/household member be living?
 - b. Will you/household member be returning to the household? When?*Repeat this section's questions for each person that is listed on the application.*
9. Do you anticipate anyone not previously discussed residing in your household in the coming year?
If yes, in whose name? Repeat section questions.
If no, skip to next section for eligibility interviews. For annual reexamination interviews, go to section E.

C. Drugs and Criminal History

Ask only at determination of eligibility/suitability.

In order to ensure the safety of residents, we perform a background check on all prospective residents. I'm going to ask you some questions regarding drugs and criminal history

1. Have you, or any other adult that will live in the unit, ever been evicted from public housing, Indian housing, a Section 8 program, or any other type of subsidized housing, because of drug-related activity?
 - a. If yes, who?
 - b. Where?
 - c. When?
 - d. What were the circumstances?
2. Do you/household member currently use a controlled substance?

3. Have there ever been complaints against you/household member about drunken/disorderly conduct?
 - a. If yes, who?
 - b. Where?
 - c. When?
 - d. What were the circumstances?
4. Have you/household member ever been charged or convicted with driving under the influence, public intoxication, or driving under the influence?
 - a. If yes, who?
 - b. Where?
 - c. When?
 - d. What were the circumstances?
5. Domestic Violence:
 - a. Have you/household member ever been arrested or convicted of domestic violence, dating violence, rape, or stalking?
 - b. Are you/household member a victim of domestic violence, dating violence, rape, or stalking?
 - c. If yes, who?
6. Have you/household member ever been charged/convicted of use or display of a weapon?
 - a. If yes, who?
 - b. Where?
 - c. When?
 - d. What were the circumstances?
7. Have you/household member ever been charged/convicted of assault?
 - a. If yes, who?
 - b. Where?
 - c. When?
 - d. What were the circumstances?
8. Have you/household member ever been arrested for drug or alcohol related activity?
 - a. If yes, who?
 - b. When?
 - c. What was the outcome?
9. Has anyone in the household ever been convicted of a crime other than traffic violations?
 - a. If yes, what was the conviction for?
 - b. When was the conviction?
 - c. What penalty was imposed?
 - d. Has the penalty been fulfilled?
10. Is any household member required to report to a probation or parole officer?
 - a. If yes, why?
 - b. Who is the probation/parole officer?

D. Rental History

Ask only at determination of suitability for your public housing program.

Questions in this section are to help us determine your rental history. Questions pertain to all household members you will list on your lease with our agency.

1. Where do you live now?
2. When did you move into this property?
3. Do you pay rent?
If no, skip to Q4.
 - a. If yes, how much?
 - b. Who do you rent from?
 - c. What is the owner's name, address, and phone number?
Skip to Q5.
4. If you do not rent, who do you live with?
 - a. Do they rent or own the property?
 - b. If they rent, who is their landlord?
 - c. Are you listed on their lease?
 - d. When did you move in?
5. Where did you live before your current address?
 - a. When did you move in?
 - b. When did you move out?
6. Did you pay rent at this former residence?
If no, skip to Q7.
 - a. If yes, who owned the property?
 - b. What is the owner's name, address, and phone number?
 - c. Did you owe any money for rent or damages when you left?
Skip to Q8.
7. If you did not pay rent, who did you live with?
 - a. Did they rent or own the property?
 - b. If they rented, who was their landlord?
 - c. Were you listed on their lease?
8. Prior to this address, where did you live?
 - a. When did you move in?
 - b. When did you move out?
9. Did you pay rent?
If no, skip to Q10.
 - a. If yes, who owned the property?
 - b. What is the owner's name, address, and phone number?
 - c. Did you owe any money for rent or damages when you left?
Skip to Q11.

10. If no, who did you live with?
 - a. Did they rent or own the property?
 - b. If they rented, who was their landlord?
 - c. Were you listed on their lease?
11. Did all household members live with you at the addresses you gave?
If yes, skip to Q14.
 - a. If no, which lived elsewhere?
 - b. Where did he/she live?
12. Did they pay rent?
 - a. What is the owner's address and phone number?
 - b. When did they move in to that property?
 - c. How long did they live there?
 - d. Did they leave owing any money for rent or damages?
13. If no, who did he/she live with?
 - a. Did they rent or own the property?
 - b. If they rented, who was their landlord?
 - c. Were they listed on the lease?
 - d. When did they move in?
 - e. When did they move out?
14. Have you or any household member 18 or older ever lived in public housing or rented using a Section 8 certificate or voucher?
If no, skip to Q15.
 - a. If yes, what housing agency (or agencies) did you deal with?
 - b. What name was the lease under?
 - c. When did you move in?
 - d. When did you move out?
 - e. Did you leave owing any money to the housing agency?
15. Does any household member 18 or older have a debt with a utility company or previous landlord?
If no, skip to section E.
 - a. If yes, to who is the debt owed?
 - b. How much is owed?
 - c. How long has the debt been outstanding?

E. Other Occupancy Information

1. Do you own a vehicle?
If no, skip to Q5.
2. If yes, what is the make, year, model, and color?
3. Are any other vehicles owned by anyone in the household?
If no, skip to Q5.
4. If yes, what is the make, year, model, and color?

5. If no, do you drive someone else's vehicle?
If no, skip to Q7.
6. If yes, do you ever keep it overnight?
7. Do you own a pet?
 - a. If yes, what type?
 - b. Do you plan on bringing it with you when you move?
Explain PHA's Pet Policy

F. Income and Exclusions from Income

All of the questions I will be asking are about your situation today and for the coming year. The questions pertain to you and ALL members of the household. It may be that things will change during the year, but I am interested in knowing what you anticipate. If things change, you should contact me within 10 days of the change.

F1. Earned Income

These next questions are about earned income.

1. For the coming year, are you/household member doing *any* work for pay?
Ask and record answers for each employed household member separately.
If no, skip to Q27.
2. Please give me the name, telephone number, and address of the company you/household member are working for.
3. When did you begin that job?
4. Not I'd like to know how much you/household member are making at your current job. I'm asking about earnings and not other money you/household member may get to help pay for transportation, uniforms, etc. How much are you/household member making on current job? From regular wages or salary?
5. How often are you/household member paid that?

If Hourly:
About how many hours do you/household member work each week?
About how many weeks do you/household member expect to work this year?

If Daily:
About how many days do you/household member expect to work each week?
About how many weeks do you expect to work this year?

If Piecework:
How many pieces per week do you/household member expect to be paid for?
About how many weeks do you/household member expect to work this year?
6. *If employment is not already verified with third party in writing, ask:*
We need to verify the income information you just told me about. Can you give me the address, contact person, and phone number of the employer?

7. Do you expect your/household member's rate of pay to change for the upcoming year?
8. When do you/household member expect that change to occur?
9. What do you/household member expect your new rate of pay to be?
10. Do you/household member anticipate any overtime pay?
If no, skip to Q18.
11. What is your/household member's hourly rate of overtime pay?
12. About how many hours of overtime did you/household member expect to work each week?
13. About how many weeks during the year do you/household member expect to make that much?
14. Do you expect your household member rate of overtime pay to change for the upcoming year?
If no, skip to Q18.
15. When do you/household member expect that change to take place?
16. What do you/household member expect the new rate to be?
17. About how many weeks for the upcoming year do you/household member expect to make that much?
18. Do you/household member expect to receive tips?
If no, skip to Q21.
19. About how much do you/household member expect to make in tips each week?
20. About how many weeks during the year do you/household member expect to make that much?
21. Do you/household member expect to receive bonuses?
If no, skip to Q24.
22. About how much do you/household member expect to receive each time you get a bonus?
23. About how often do you/household member expect to receive a bonus?
24. Do you/household member expect to receive commissions?
If no, skip to Q27.
25. About how much do you/household member expect to receive in commission each month?
26. About how many months do you/household member expect to make that much?

27. Do you/household perform any work for which you received goods or benefits, such as food or clothing?
28. What is the anticipated value of the things you/household member will receive?
29. When do you/household member believe you will receive them?
30. How often do you/household member receive them?
Probe: Once a week? Monthly? Every few months? If frequency is annual, skip to Q33.
31. Do you/household member expect to continue to receive them during the coming year?
32. Are you/household member working at any other jobs or have any other type of employment income, for example, piecework or jobs where you/household member are paid on a day or half day basis, such as cleaning or child care?
If yes, in whose name? Repeat Q2-33.
33. Do you/household member expect to work at any other jobs that you did not have last year? If yes, in whose name? Please explain in detail.
If no, skip to section F2: Training and Self Sufficiency Programs.

F2. Training and Self-Sufficiency Programs

This section is for reexaminations only. This section does NOT apply to new admissions.

Ask each question for each adult household member that is employed.

1. Before you/household member began working, were you/household member unemployed for at least 12 months?
If no, skip to Q13.
2. What was your/household member's source of income before gaining employment?
Probe: Income from all sources?
3. What was your/household member's monthly amount of household income prior to employment?
4. Prior to this employment, were you/household member enrolled in a self-sufficiency or other job training program?
If no, skip to Q13.
5. When did you/household member begin participating in that program?
6. When did you/household member quit participating in that program?
If job start date is after the member stopped participating in that program, skip to Q13. If job start date falls between the dates the member began participating and stopped participating in the program, skip to Q11.
7. Did you/household member receive an increase in pay while you/household member were participating in the program?
If no, skip to Q13.

8. When did you/household member receive the first increase in pay while you/household member were participating in the program?
9. What was your source of income prior to receiving that increase in pay?
Probe: Income from all sources?
10. What was your/household member's monthly income prior to receiving that increase in pay?
11. What was your source of income prior to beginning employment?
Probe: Income from all sources?
12. What was your/household member income prior to starting your/household member job?
13. Have you/household member ever received assistance, benefits, or services through TANF?
(Explain what assistance, benefits, or services are)
If no, skip to Q23.
14. When did you/household member begin receiving TANF?
15. When did you stop receiving TANF?
16. Can you tell me the name of the TANF agency, address, contact person, and telephone number?
17. Did you/household member receive an increase in earning while you/household member were receiving assistance through TANF or within 6 months after you/household member last received TANF?
If no, skip to Q23.
18. When did you/household member receive the first increase in pay while you/household member were receiving TANF or within 6 months after you/household member last received TANF?
19. What was your source of income prior to receiving that increase in pay?
20. What was the monthly amount of your/household member's income prior to receiving that increase in pay?
21. What was your source of income prior to starting employment?
22. What was the monthly amount of your/household member's income prior to starting that job?

Ask all employed household members in all programs:

23. Are you/household member enrolled in, or expect to be enrolled in, a training program?
If no, go to section F3: Military Pay.

24. When do you/household member expect to complete the program?
25. What is the name of the training program?
26. We need to verify the training program you just told me about. Would you tell me the agency, address, contact person, and phone number for that training program?
27. When did you/household member enter that program?
28. What was the source of your/household member's income prior to entering the training program?
29. What was the monthly amount of that income?
Probe: For employment, income or TANF.
30. Did you/household member have a second source of income prior to entering the training program?
If yes, in whose name? Record source of income. Obtain name, address, and telephone number for source of income.
31. What was the monthly amount of that income?

F3. Military Pay

1. Are you/household member serving in the military (Army, Navy, Marines, Air Force, or Coast Guard?)
If yes, in whose name? Skip to Q9.
2. Are you/household member in the Reserves or National Guard?
If no for all adult household members, skip to section F4: Unemployment Compensation.
3. When did you start that job?
4. How much pay do you/household member expect to receive during the year from your service in the reserves or Guard?
5. For weekend drills?
6. For 2 week camp?
7. For any other service of guard duty?
8. How often do you/household member expect to receive that amount?
9. When did you start that job?
10. How much pay are you/household member receiving? (Regular pay only-not counting allowances or other special pay.)
11. How often do you/household member get that amount?
12. Are you/household member receiving a monthly housing allowance?

13. How much per month?
14. Are you/household member receiving a monthly food allowance?
15. How much per month?
16. Any other allowance from the military?
17. If yes, in whose name? How much is that allowance?
18. How many times per week?
19. Do you/household member anticipate any change in allowance amounts for the upcoming year?
If no, skip to Q26.
20. Which allowance do you/household member expect to change?
21. What do you/household member think the new amount will be?
22. How often do you/household member expect to receive that amount?
23. When did you/household member expect to have that change occur?
24. Do you/household member expect to have that new amount for the rest of the year?
25. If no, when do you/household member expect it to change?
26. Do you/household member anticipate receiving special pay?
If no, skip to Q30.
27. How much special pay is anticipated?
28. How often is the special pay anticipated to be received for?
29. What is the special pay anticipated to be received for?
30. We need to verify the income information you just told me about. Would you tell me the address, contact person, and telephone number?

F4. Unemployment Compensation

1. Are you/household member receiving unemployment compensation benefits?
If no, skip to section F5: Worker's Compensation.
2. How much unemployment compensation were you/household member receiving?
3. How often did you/household member get that amount?
4. Do you/household member expect to receive that same amount for the full year?

If yes, in whose name? If no, skip to section F5.

5. When do you/household member expect it to change?
6. How much do you/household member expect to receive?
7. How often do you/ household member expect to receive that amount?
8. We need to verify the income information you just told me. Can you tell me the address, contact person, and telephone number?

F5. Worker's Compensation

1. Are you/household member receiving worker's compensation payments?
If no, skip to section F6, Social Security and SSI Benefits.
2. How much worker's compensation are you/household member receiving?
3. How often do you/household member receive that amount?
4. Do you/household member expect to receive the same amount of worker's compensation for the full year?
If yes, in whose name? Skip to next section.
5. When do you/household member expect it to change?
6. How much do you/household member expect to receive then?
7. How often do you/household member expect to receive that amount?
8. We need to verify the income information you just told me. Can you tell me the address, contact person, and telephone number?

F6. Social Security and SSI Benefits

1. Are you/household member receiving Social Security or SSI benefits?
Probe: SS includes retirement, disability, and survivors benefits. SSI includes payments to people who are elderly or disabled.
If no, skip to section F7: Veterans Disability Benefits.
2. Who was receiving the benefit?
3. What is the gross amount of the award/benefit before any withholding?
4. Is the benefit for Social Security or SSI?
5. Is your award/benefit reduced due to any prior overpayment?
6. Is your award/benefit reduced due to garnishment such as child support or IRS?
7. Does this include an amount for payments that you should have received earlier, but was delayed?

8. How much is the amount of the delayed payment?
9. Which member(s) of the household are the benefits for?
10. Do you expect the benefits to continue for the full year?
If yes, in whose name? Skip to Q12.
11. When do you/household member expect it to change?
12. How much do you expect to receive?
13. Do you/household member receive any other Social Security or SSI benefits?
14. We need to verify the income information you just told me about. Do you have written verification, such as letters or pay stubs with you? Can you tell me the address, contact person, and telephone number?

F7. Veteran's Disability Benefits

1. Are you/household member receiving disability benefit payments from the Veteran's Administration?
If no, skip to section F8: Private and Public Retirement.
2. Do you/household member receive any other payments or benefits from the VA?
3. How much are the disability payments you/household member are receiving?
4. How often do you receive that amount?
5. Do you/household member expect to receive that same amount of veteran's disability payments for the whole year?
If yes for all included household members, skip to Q9.
6. When do you/household member expect it to change?
7. How much do you expect to receive if there is a change?
8. How often do you/household member expect to receive that amount?
9. We need to verify the income information you just told me about. Can you give me the address, contact person, and telephone number?

F8. Private or Public Retirement Benefits (Other Than Social Security)

1. Are you/household member receiving retirement income from any private or government retirement plan
If no, skip to section F9: TANF.
2. From what company or agency are you/household member receiving?
3. How much retirement income are you/household member receiving?
4. How often do you/household member receive that amount?

5. Is this retirement benefit due to contributions to a retirement plan while working?
If no, skip to Q9.
6. How much were your/household member's total contributions to the retirement plan?
7. How much has been withdrawn to date from the retirement plan?
8. Do you/household member expect to receive that amount for the whole year?
If yes, in whose name? Skip to Q3.
9. When do you/household member expect that amount to change?
10. How much do you expect to receive then?
11. How often do you/household member expect to receive that amount?
12. Are you/household member receiving retirement benefits from any other sources?
If yes, in whose name? Repeat section questions for all other sources.
13. We need to verify the income information you just told me about. Can you give me the address, contact person, and telephone number?

F9. Temporary Assistance to Needy Families (TANF)

1. Are you/household member receiving financial assistance for children from the social service or welfare office (TANF?)
NOTE: Different states may use different terms to identify the TANF program.
If no, skip to Q13.
2. Who is receiving this assistance?
3. What is the amount of the assistance?
4. Who was this assistance intended for?
5. How often do you/household member receive this assistance?
6. Is that the regular amount that you/household member receive, or was it the regular amount reduced for some reason?
7. Why was the regular amount reduced?
8. Do you/household member expect to receive this assistance for the whole year?
If yes, in whose name? Skip to Q12.
9. When do you/household member expect it to change?
10. How much do you/household member expect to receive then?
11. How often do you/household member expect to receive that amount?

12. Does the assistance include an amount for child support?
If yes, in whose name? Skip to Q20.
13. Do you/household member receive a separate amount, along with you/his/her regular welfare benefit, for child support?
If no, skip to Q20.
14. How much child support do you/household member receive?
15. How often do you/household member receive that amount?
16. Do you/household member expect to receive that same amount for the whole year?
If yes, in whose name? Skip to Q20.
17. When do you/household member expect it to change?
18. How much do you/household member expect to receive then?
19. How often do you/household member expect to receive that amount?
20. Did you or any household member receive TANF in the past, but no longer receive it?
If no, skip to next section.
21. Who received TANF assistance?
22. Why are you/household member no longer receiving TANF?
23. How much were your/household member's TANF benefits?
24. When did you stop receiving TANF benefits?
25. Did you/household member start receiving a new source of income or receive an increase in an existing source of income after the TANF benefits stopped?
If no, skip to Q29.
26. What was the source of that income?
27. What was the monthly amount of the increase in that income?
28. Does anyone else living here receive TANF benefits?
If no, skip to section F10: Other Welfare. If yes, whose name? Repeat Q21-Q29.
29. We need to verify the income information you just told me about. Can you give me the address, contact person and telephone number?

F10. Other Welfare

1. Are you/household member receiving benefits from the local social service office (SNAP, WIC, Food Stamps) or from a private charitable agency (other than TANF)?
If no, skip to section F11, Child Support.
2. Who is receiving this assistance?

3. What type of benefit is it?
4. What agency provides the benefit?
5. How much are you/household member receiving?
6. How often do you receive that amount?
7. Do you/household member expect to receive that amount for the whole year?
If yes, ask in whose name and skip to Q12.
8. When do you/household member expect it to change?
9. How much do you/household member expect to receive then?
10. How often do you expect to receive that amount?
11. Is anyone else living here receiving any other welfare benefits?
If yes, repeat Q2-Q12. If no, skip to next section.
12. We need to verify the income information you just told me about. Can you give me the address, contact person, and telephone number?

F11. Child Support

If no children, skip to section F12: Regular Gifts and Contributions.

1. Do any of the children who are living here (other than foster children) have a parent that lives somewhere else?
If no, skip to section F12.
2. Do you/household member receive child support from the absent parent of any child in the household? By child support, I mean any payment from the court or directly from the absent parent, not payments received from TANF.
If no, skip to section F12.
3. Which household member is receiving the support?
4. How much do you/household member receive?
5. How often do you/household member receive that amount?
6. Do you/household member expect to continue receiving that amount for the whole year?
If yes, in whose name? Skip to Q12.
7. When do you/household member expect it to change?
8. How much do you/household member expect to receive then?
9. How often do you/household member expect to receive that amount?

10. Do you/household member have a court order that requires the absent parent to make child support payments?

If yes, in whose name? Skip to Q12.

11. Have you/household member attempted to get a court order?

12. In addition to regular child support, does the child's other parent give you/household member any extra money or things for the child on a regular basis, excluding birthdays or holidays?

If no, Probe: not even diapers, clothing, or buying them things? If no, skip to next section.

13. About how much would you/household member say he/she spends on them in an average month?

14. We need to verify the income you just told me about. Can you tell me the address, contact person, and telephone number?

F12. Regular Gifts and Contributions (Other Than from Absent Parents)

1. Do you/household member receive any money or gifts on a regular basis from people who do not live in your household?

Probe: Does someone help you regularly with bills, utilities, groceries, or help pay for childcare?

If no, skip to section F13: Alimony/Spousal Support.

2. Which household member receives these gifts or money?

3. Who assists you/household member?

4. In what way do they assist you/household member?

5. About how often does he/she give you/household member gifts or money? How often does he/she pay for items?

6. What is the value of the gift/item?

7. Do you/household member receive any other gifts or money from any other source?

8. Does anyone pay any bills (such as car payments, car insurance, utilities, telephone, internet, cable TV) for you on a regular basis?

9. We need to verify the income information you just told me about. Can you give me the name, address, contact person, and telephone number?

F13. Alimony/Spousal Support

If no adult members are separated or divorced, skip to section F14: Self-Employment.

These next questions are about alimony – payments made by a separated or divorced husband or wife to help support the other spouse. Alimony is not the same as child support payments used to help support children.

1. Are there any household members living here who are married, but no longer live with their spouse?
If no, skip to next section.
2. Which household member?
3. Are you/household member separated, divorced, or widowed?
If widowed, skip to next section.
4. Do you/household member have a court order or divorce/separation agreement that says you/he/she should receive alimony?
5. Is you/household member's former spouse paying alimony or giving you/household member money on a regular basis?
If no, skip to next section.
6. How much are you/household member receiving from the former spouse?
7. How often?
8. Do you/household member expect to continue to receive the amount for the full year?
If yes, in whose name? Skip to next section.
9. When do you/household member expect the amount to change?
10. How much do you expect to receive then?
11. How often do you expect to receive that amount?
12. We need to verify the income information you just told me about. Can you give me the name, address, contact person, and telephone number?

F14. Self-Employment

1. Do you/household member own or operate a business that gives you/household member some income other than the salaries we have already discussed?
If no, skip to section F15: Income from Rental Property.
2. Which member of your household receives that income?
3. How much income are you/household member getting from the other business?
4. How often do you get that amount?
5. Do you/household member expect to get that amount for the whole year?
If yes, in whose name? Skip to Q9.
6. When do you/household member expect it to change?
7. How much do you expect to receive then?
8. How often do you expect to receive that amount?

These next questions are about business expenses that you/household member are expecting to have for the upcoming year.

9. Do you/household member expect to have any materials and supplies expenses?
 - a. If yes, in whose name?
 - b. How much do you/household member expect that amount to be?
10. Do you/household member have any office/building space expenses?
 - a. If yes, in whose name?
 - b. How much do you/household member expect that to be?
11. Do you/household member have any interest payments on any business loans?
 - a. If yes, in whose name?
 - b. How much do you expect those interest payments to be for the whole year?
12. Do you/household member have any depreciation expenses?
 - a. If yes, in whose name?
 - b. How much do you/household member expect them to be for the full year?
13. Do you/household member have any other business expenses?
 - a. If yes, in whose name?
 - b. How much do you/household member expect them to be for the full year?
14. We need to verify the income information you just told me about. Can you provide me your tax return for last year or your accounting ledgers?
15. Are any household members receiving income from a family owned business?
If yes, in whose name? Repeat section questions.

F15. Income From Rental Property

1. Do you/household member own any property that you rent/lease out to others?
If no, skip to section F16: Assets.
2. What is the address of this property?
3. Are you/household member receiving income from said property?
If no, skip to Q12.
4. Which family member receives the income?
5. Who is renting the property and paying the rent?
6. How much rental income are you/household member receiving? Please give me the full amount of rent, not counting any upkeep expenses.
7. How often do you/household member receive that amount?
8. Do you/household member expect to receive that amount for the whole year?
If yes, in whose name? Skip to Q12.

9. When do you/household member expect it to change?
10. How much do you/household member expect to receive then?
11. How often do you/household member expect to receive that amount?

Now I need you to think of the rental expenses you/household member incurs on the property. I'm going to read a list of expenses and I need you to tell me the amount of each expense and how often the expense is incurred. Also, I need to know if the expense is expected to increase or decrease for the coming year.

12. Are you/household member responsible to pay for maintenance on the property?
 - a. If yes, in whose name? What are your/household member average monthly maintenance costs?
 - b. Are you/household member expecting that amount to change significantly?
 - c. If yes, in whose name? What do you/household expect the new average monthly amount to be?
 - d. When do you/household member expect it to change?
13. Are you/household member responsible to pay for electricity?
 - a. If yes, in whose name? What are your/household member average monthly costs for electricity?
 - b. Are you/household member expecting that amount to change significantly?
 - c. If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - d. When do you/household member expect it to change?
14. Are you/household member responsible to pay for heating, such as gas or oil?
 - a. If yes, in whose name? What is your/household member average monthly cost for heating?
 - b. Do you/household member expect that amount to change significantly?
 - c. If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - d. When do you/household member expect it to change?
15. Are you/household member responsible to pay water?
 - a. If yes, in whose name? What are your/household member's average monthly costs for water?
 - b. Are you/household member expecting that amount to change significantly?
 - c. If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - d. When do you/household member expect it to change?
16. Are you/household member responsible to pay for any other utilities?
 - a. If yes, in whose name? What are your/household member's average monthly costs for other utilities?
 - b. Are you/household member expecting that amount to change significantly?
 - c. If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - d. When do you/household member expect it to change?

17. Are you/household member responsible for insurance?
- If yes, in whose name? What are your/household member's average monthly costs for insurance?
 - Are you/household member expecting that amount to change significantly?
 - If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - When do you/household member expect it to change?
18. Are you/household member responsible for paying for real estate taxes?
- If yes, in whose name? What are your/household member's average monthly costs for real estate taxes?
 - Are you/household member expecting that amount to change significantly?
 - If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - When do you/household member expect it to change?
19. Are you/household member responsible for paying mortgage payments?
- If yes, in whose name? What are your/household member's average monthly costs for mortgage payments?
 - Are you/household member expecting that amount to change significantly?
 - If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - When do you/household member expect it to change?
20. Are you/household member responsible for paying condominium fees?
- If yes, in whose name? What are your/household member's average monthly costs for condominium fees?
 - Are you/household member expecting that amount to change significantly?
 - If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - When do you/household member expect it to change?
21. Are you/household member responsible for paying any other expenses?
- If yes, in whose name? What are your/household member's average monthly costs for other expenses?
 - Are you/household member expecting that amount to change significantly?
 - If yes, in whose name? What do you/household member expect the new average monthly amount to be?
 - When do you/household member expect it to change?
22. We need to verify the information you just told me. Can you give me the name of the person who rents your property, the address, and their telephone number?

F16. Assets

These next questions are about assets, such as checking or savings accounts, stocks, bonds, or other valuables you or members of your household may own.

If an asset is answered "yes," always ask if there is another asset of the same type.

1. Do you/household member have:

Checking Accounts	<i>If yes: in whose name?</i>	Where?
Savings Accounts	<i>If yes: in whose name?</i>	Where?
Individual Retirement Acct (IRA)	<i>If yes: in whose name?</i>	Where?
401K or Keogh Funds	<i>If yes: in whose name?</i>	Where?
Certificates of Deposit	<i>If yes: in whose name?</i>	Where?
Stocks	<i>If yes: in whose name?</i>	Where?
Bonds	<i>If yes: in whose name?</i>	Where?
Treasury Bills	<i>If yes: in whose name?</i>	Where?
Money Market Accounts	<i>If yes: in whose name?</i>	Where?
Real Estate	<i>If yes: in whose name?</i>	Where?
Retirement Funds	<i>If yes: in whose name?</i>	Where?
Trust Funds	<i>If yes: in whose name?</i>	Where?
Life Insurance	<i>If yes: in whose name?</i>	Where?
Property	<i>If yes: in whose name?</i>	Where?

For each checking and savings account, ask the following:

2. How much money do you/household member usually keep in the account?
3. Do you receive income from the account?
4. If yes, how much typically do you receive?
5. How often?
6. Do you/household member receive interest on that account?
7. If yes, what is the current interest rate?
8. What is the account number for the asset?
9. Is this a joint account for someone outside the household?
If no, skip to next asset.
10. What percent of the account is owned by a household member?
11. We need to verify this income information. Can you show me your statements or give me the address, contact person, and telephone number where I can verify the income?

For IRA, 401K or Keogh funds, CDs. Stocks, Bonds, Treasury Bills, Money Market funds, and Retirement funds, ask the following:

12. What is the value of the asset? How much money do you/household member have in the account/fund?
13. Are you/household member receiving income from the asset?
14. If yes, how much?
15. How often?

16. Do you receive interest on the account?
17. If yes, what is the interest rate?
18. What is the account number/identification number for the asset?
19. Is the asset jointly held with someone outside the household?
20. What percent of the asset is owned by a member of the household?
21. If the asset were to be sold, what cost would you incur in selling the asset (lawyer fees, penalties, etc.?)
22. We need to verify the asset information. Can you give me the name, address, contact person, and telephone number, or provide a current statement?

For real estate, life insurance, and property, ask these questions:

23. What is the value of the asset?
24. What is the account number or identification number of the asset?
25. Is the asset jointly owned by someone outside of the household?
26. What percent of the asset is owned by a household member?
27. If you/household member sold the asset, what would be the cost of selling the asset (lawyer fees, penalties, etc.)
28. We need to verify the information you just told me about. Can you provide an appraisal or tax statement?

For trust funds, ask these questions:

29. What is the value of the asset?
30. Does anyone in the household receive interest on the account?
31. If yes, who and what is the interest rate?
32. What is the account number of the asset?
33. Is the asset jointly held with someone outside the household?
34. What percent of the asset is held by a household member?
35. We need to verify the income information you just told me. Can you give me the name, address, contact name, and telephone number?

For all other assets not listed, ask the following questions:

36. What is the value of the asset?

37. Does any household member receive income from the asset?
38. If yes, how much?
39. How often?
40. What is the account number of the asset?
41. Is the asset jointly owned by someone outside the household?
42. What percent is owned by a household member?
43. We need to verify the asset information you just told me about. Can you give me the name, address, and phone number?

Assets disposed of in the last 2 years:

44. Think back over the previous 24 months; have you/household member sold any assets or given any assets away?
If no, skip to section F17: Other Income.
45. Which household member sold or gave the asset away?
46. What was the asset disposed of?
47. What was the market value of the asset disposed of?
48. How much was received for the asset?
49. Did you/household member have any expenses in getting rid of the asset?
50. If yes, what type?

F17. Other Income

1. Is there any other income that we have not discussed that any household member receives? For example, lottery winnings received on a regular basis or food stamps? If Native American, income from awards by the Indian Claims Court? If a student, scholarships or grants?
If no, skip to section G: Child Care Expenses.
2. Which household member receives the income?
3. What type of income is received?
4. How much does the household member receive?
5. How often does the household member receive that amount?
6. Does the household member expect it to change?
7. If yes, when do you/household member expect it to change?

8. How much do you/household member expect to receive then?
9. How often do you expect to receive that amount?
10. We need to verify the income information you just told me about. What is the source of the income?

G. Child Care Expenses

- ***If household has children under 13, continue with section G.***
- ***If household has no children under 13, but is an elderly/disabled household, skip to section H.***
- ***If household has no children under 13 and is not an elderly/disabled household, BUT has a disabled household member, skip to section I.***
- ***If household has no children under 13, is not an elderly/disabled household, and has no disabled household members, skip to section J.***

1. Are you/household member paying anyone for child care?
If no, skip to section H: Medical Expenses.
2. For which children will you pay child care costs?
3. Who will pay for the child care?
4. Is the provider the child care?
5. Is the provider a household member?
6. How much will be paid for child care?
7. How often does the household member pay that amount? Paid hourly or daily?
8. Is the amount paid roughly the same throughout the year?
9. About how many months a year do you/household member pay that amount?
10. Why do you/household member pay for child care?

Working Looking for Work Education Other Reason _____

If looking for work, skip to Q12. If attending school, skip to Q13.

11. Who is able to work because of the child care?
12. How many hours per week do you/household member spend looking for work?
13. Where do you/household member attend school?
14. How many hours per week do you spend at school, and going to and from school?

15. We need to verify the information you just told me about. Can you give me the name, address, and phone number?

H. Medical Expenses

Ask only if HoH, spouse, or co-head is 62 or older, or disabled.

These next questions are about your household's medical expenses that you/household member pay for during a typical year. This does not include expenses covered by insurance or paid for by someone not living here. It includes the medical expenses of ALL persons in your household.

1. Are you/household member paying for any health or nursing home insurance, such as Medicare?
If no, skip to Q8.
2. Which household member pays for this insurance?
3. What is the name of the provider?
4. How much is the premium? How much do you/household member pay?
5. How often do you/household member pay that amount?
6. We need to verify the information you just told me about. Can you give me the name, address, contact person, and telephone number?
7. Do you, or anyone else in the household, have any other health care costs?
8. Do you/household member pay for any visits to a clinic, doctor, dentist, optometrist, or any other health provider?
If no, skip to Q17.
9. Which household member visits a healthcare provider on a regular basis?
10. Who pays for these visits?
11. What doctor or clinic does this person typically go to?
12. How often?
13. How much do they pay that is not reimbursed when they see the healthcare provider?
14. Do you/household member expect to have these expenses for the full year?
15. If no, when do you/household member expect to have these expenses for the full year?
16. We need to verify the information you just told me about. Can you give me the name, address, contact person, and telephone number of the healthcare provider or provide receipts to support your statements?

17. Are you, or another household member, paying for prescriptions on a regular basis?
If no, skip to Q27.
18. Which household member uses prescription medication on a regular basis?
19. Who pays for these prescriptions?
20. How often are these refilled?
21. How much do you pay for prescription medication each year?
22. How much of your prescription cost is reimbursed by insurance or paid for by others?
23. Do you/household member expect to pay these expenses for the full year?
24. If no, when should the expenses end?
25. Do you/household member pay for any *other* prescriptions on a regular basis?
26. We need to verify the information you just told me about. Can you give me the name, address, contact person, and telephone number of your pharmacy?
27. Is any other household member paying for any other medical expense on a regular basis?
If no, skip to Q36.
28. Which household member has other medical expenses on a regular basis?
29. Who pays for these expenses?
30. Where will they receive the care?
31. How often?
32. How much typically?
33. Do you/household member expect to have these expenses for a full year?
34. *If no, when should the expenses end?*
35. We need to verify the information you just told me about. Can you give me the name, address, contact person, and telephone number?
36. Do you or anyone else in the household have any outstanding medical bills that you pay on a regular basis?
If no, skip to Section I.
37. Which household member pays toward an outstanding medical debt?
38. Who does the member pay?

39. What type of expense is it?
40. How often are payments made?
41. How much does the member pay?
42. Do you/household member expect the expense for the full year?
43. *If no*, when is the expense expected to end?
44. We need to verify the information you just told me about. Can you give me the name, address, contact person, and telephone number of the doctor or facility that receives the payments?

I. Disability Assistance Expenses

Ask only if there is a disabled person in the household and an adult household member is employed. Remember that "disability assistance expenses" do not include medical expenses.

1. Does the person with the disability require a live-in aide in order for an adult member of the household or the person with the disability to be employed?

If the live-in aide is first moving into the unit, advise that the live-in aide must pass your screening criteria. Have the family complete a Request for Live-in Aide. Explain that he/she will not be allowed to live in the unit when the person they are caring for vacates. If there is no live-in aide, skip to Q5.

2. How much do you/household member pay for the services of the live-in aide each month?
3. Are you reimbursed for any of this cost?
4. Does the aide reside with you all year?
5. Does the live-in aide contribute to the support if you or anyone in your household?
If yes, STOP.... this person is NOT a live-in aide.
6. Does the person with the disability require a caregiver that does not live in your home in order for an adult member of the household or the person with the disability to be employed?
If no, skip to Q13.
7. *If yes*, what is the name of the household member that is a person with a disability?
8. *Who pays for the caregiver or home health care provider?*
9. What is the caregiver's name?
10. How much do you/household member pay caregiver?
11. How often is the caregiver paid?

12. We need to verify the information you just told me about. Can you give me the name, address, contact person, and telephone number of the equipment provider?
13. Does any member of the household require special equipment such as wheelchairs, nebulizers, or specially equipped vehicles which would allow either an adult member of the household or the person with disabilities to be employed?
If no, skip to Final Instructions.
14. Who paid for the equipment?
15. What type of equipment is needed?
16. Is the equipment rented, bought outright, or being paid for in installments?
17. When was the equipment rented/bought?
18. *If bought*, how much did it cost?
19. *If making payments*, what are the monthly payments?
20. *If making payments*, when will it be paid for?
21. Are there any maintenance costs for the equipment?
If yes, how much? How Often?
If no, skip to Q22.
22. We need to verify the information that you just told me about. Can you give me the name, address, contact person, and telephone number of the equipment provider?
 - ***If interviewee reports that the household has no income, continue with section J.***
 - ***If interviewee reports that the household has income, but they have difficulty reading, writing, or conversing in English, complete section K.***
 - ***If interviewee reports that the household has income AND has no difficulty with English, skip to section L.***

J. If Interviewee Reports NO Income

You have indicated that you receive no income. I will now ask you a series of questions to determine how you manage to get the things you require for daily living (food, payment of bills, etc.)

Ask all questions on the “interview guide” for persons reporting zero income or income insufficient to support lifestyle.

K. If Interviewee Has Difficulty with English

If interviewee has no difficulty with English, skip to section L.

I have a few questions about the best way to contact you.

1. When we need to review your income and determine your rent, who in your household should answer the questions?

2. What is your native language?

3. _____, on our staff, speaks your native language. His/Her phone number is _____.

L. Conclusions

This concludes our interview. Before you go, allow me to review all the information to be sure I have everything I need.

- *Review verification requirements.*
- *Obtain signed release forms for each third party verification to be requested.*
- *Review all responses recorded in interview guides with interviewee and obtain signature of head of household on each interview guide.*

I completed this interview on ____/____/____ at _____ a.m. / p.m.

Signature _____

Interview Notes – Complete immediately after the interview.

This interview was conducted in:	[]	English	[]	Spanish
	[]	Other _____		
The interviewee's primary language is:	[]	English	[]	Spanish
	[]	Other _____		
This interview was conducted at:	[]	PHA Office		
	[]	Home of applicant/resident		
	[]	Other _____		

The following reasonable accommodations were requested and provided:

List all other adults present during the interview:

Describe any unusual responses or circumstance about the interview:

Signature of Person Conducting Interview _____ Date _____