State of California
Department of Housing and Community Development

MPROP Program
ELIGIBILITY QUESTIONNAIRE
To be completed by resident household members

EQUAL HOUSING OPPORTUNITY

1. Resident Name_____Space# _____Telephone#_____

2. **HOUSEHOLD MEMBERS** - List all persons living in your household (including yourself):

NAME	RELATIONSHIP	AGE	TOTAL ANNUAL INCOME

3. **HOUSEHOLD INCOME** (Other than from Interest and Investments):

Source of Income	Agency Name	Household Member	Monthly Income
Employment Earnings			
Self Employment			
Social Security			
Supplemental Security			
Veterans Benefits			
Pension(s)			
Annuities			
Public Welfare			
Unemployment			
Education Assistance			
Rental Income			
Gift Income			
Other			
Total			

4. INTEREST AND INVESTMENT EARNINGS

Asset **Name and Address**	Account Number	Account Balance	Interest Rate	Annual Income
Checking				
Savings				
Mobile Home Mortgage				
Stocks				
Bonds				
Certificates of Deposit				
Other				
Total				

5. MONTHLY HOUSING COSTS:

Rent	Insurance	Registration	Taxes	Utilities	Home Loan	Other
$	$	$	$	$	$	$

I/We hereby affirm that the household member(s) income, assets and housing costs listed are complete. This statement is correct and represents the entire household's income, assets and housing costs at this time.

_____ _____

Signature Date

_____ _____

Signature Date

_____ _____

Signature Date

_____ _____

Signature Date