

S-C Management Corp., AMO[®]
CAPE COD APARTMENTS
Resident Questionnaire

Date: _____

Name: _____

Co – Head/Spouse Name: _____

Address: _____

DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING INCOME/ASSETS WHICH WE HAVE NOT ALREADY DISCUSSED AND/OR VERIFIED?

	Yes	No
1. Do you have any of the following?		
Checking Accounts	_____	_____
Savings Accounts	_____	_____
Money Market Funds	_____	_____
Trusts	_____	_____
If yes, is the trust irrevocable?	_____	_____
IRA/Keogh Accounts or other Capital Retirement Accounts	_____	_____
Stocks/Bonds	_____	_____
Certificates of Deposit	_____	_____
Equity in Real Property or other Capital Investments	_____	_____
Personal Property held as an Investment	_____	_____
Other Accounts not listed above	_____	_____
Cash Held (Safety Deposit Boxes, etc.)	_____	_____
2. Have you received any lum sum payments such as:		
Inheritances	_____	_____
Lottery Winnings	_____	_____
Insurance Settlements (health, accident, Worker’s Comp)	_____	_____
Capital Gains	_____	_____
Social Security Benefits, Unemployment Compensation	_____	_____
Other	_____	_____
3. Have you disposed of any assets for less than Fair Market Value in the past two (2) years? If yes, please complete the Divestiture of Asset Form.)	_____	_____
4. Are any assets held jointly with other persons?	_____	_____
Describe: _____		
5. Do you receive periodic income such as:		
Retirement Funds	_____	_____
Pension	_____	_____
Annuities	_____	_____
Insurance Policies	_____	_____
Disability of Death Benefits	_____	_____
Other	_____	_____

6. Do you regularly receive monetary gifts or non – cash contribution from persons outside your household? _____
If yes, amount \$ _____
Please describe: _____
7. Do you receive any income under Title V of the Older Americans Act?
Such as, RSVP, Green Thumb, Senior Aides, Older American Community Service
Employment Program, Foster Grandparent Program _____
(EXCLUDED AS INCOME)
8. Are any household members temporarily absent? _____
9. Have you listed any household members who will be permanently absent from the unit?

10. Are you receiving or will you receive in the future an Earned Income Tax Credit from your
IRS tax return? **(EXCLUDED AS INCOME)** _____
11. Are any members of your household (other than Head or Spouse) 18 years of age and a Full
Time Student? **(Exclude income of Full Time Student in excess of \$480, EXCEPT Head
or Spouse)** _____
12. Are there child care expenses paid in order for you to continue your education?

13. Has the employment status of any household member(s) changed?

14. If employed, is child care paid as a result of work or looking for work?

15. Does anyone in the unit benefit from Handicap Assistance? _____
16. Are there any Foster Children or Foster Adults who are part of the household?

17. Are there any Live – In Care Attendants who are part of the household?

I/We Certify that I/We have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to Management such changes in income and assets whenever they occur. Submittal of false statements of information is punishable under federal law.

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Management Agent

Date

Management Agent Title

Wingate Management Corporation/Cape Cod Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

Name: Cheryl Nichols

Address: Wingate Management Corporation

100 Wells Ave

Newton, MA 02459

(617) 566-1026

MA State Relay TTY: 1-800-439-0183