

COMPLETION OF THIS FORM IS MANDATORY

DUE WITH RENT



Villa del Arroyo  
2017-2018 Resident Profile and Income Certification  
· CONFIDENTIAL ·



Thank you for completing the required annual Resident Profile and Income Certification. By completing this form, you will help the Park maintain its non-profit status and apply for tax exemptions and other cost reduction programs that help keep rents affordable for residents of your community. Please return your completed form to the park office in a sealed envelope separate from rent check.

Space number \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of people living in your home \_\_\_\_\_

1. What is the size of your home?  Single-wide  Double-wide  Triple-wide
2. How many people in your home are over the age of 62? \_\_\_\_\_
3. Is the head of your household over the age of 62?  Yes  No
4. How many people in your home are under the age of 18? \_\_\_\_\_
5. How many people in your home are disabled or handicapped and are between the ages of 18 and 62? \_\_\_\_\_
6. How many people in your home are over the age of 18 and have been enrolled as a full-time student at an accredited school for 5 out of the past 12 months? \_\_\_\_\_
7. Do you have any veterans living in your household?  Yes  No
8. Do your medical expenses exceed 3% of your annual income?  Yes  No
9. How much do you anticipate paying this year for childcare for children under the age of 13? \$ \_\_\_\_\_
10. What is the current mortgage payment, if any, on your home? \$ \_\_\_\_\_
11. Do you have savings, stocks, bonds, or equity in real property (not including your home) that have a combined total value exceeding \$5,000?  Yes  No
12. If you answered "yes" to question 11 above, how much do you expect to earn from the investments during the next 12 months? \$ \_\_\_\_\_
13. What is the total combined current annual household income\* of all members of your household over the age of 18, including any investment earnings listed in question 12? \$ \_\_\_\_\_
14. Do you own and occupy this house as your full-time primary residence?  Yes  No

I/We certify that the information provided above is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Head of Household (Print Name Clearly)

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Head of Household (Print Name Clearly)

\_\_\_\_\_  
Second Head of Household Signature

\_\_\_\_\_  
Date

\* **Total combined household income includes:** Gross Wages/Salary including overtime, Commissions and Fees, Tips and Bonuses, Interest and Dividends, Social Security, Alimony and Child Support, Welfare Assistance, Gifts and Contributions, Military Pay, Income Tax Credits, Disability Payments, Pensions, Unemployment Benefits.

\* **Total combined household income does not include:** Medical Reimbursements, Tuition Scholarships, Combat Pay, Government Relocation Payments, Foster Care Payments, Food Stamps, Job Training Act Payments, Low-Income Home Energy Assistance Payments, lump sum additions to family assets such as Inheritances, Insurance Payments (including payments under health and accident insurance and workmen's compensation), Capital Gains, settlements for Personal or Property Losses, temporary, sporadic or Irregular Gifts.



# Community Engagement Survey



1. Would you prefer to complete this survey online in the future?  Yes  No

2. Please rate each of the following aspects of quality of life in the park:

	Excellent	Good	Fair	Poor	Don't know
The park as a place to live	1	2	3	4	5
The park as a place to retire	1	2	3	4	5
The park as a place to raise children	1	2	3	4	5
The overall quality of life in the park	1	2	3	4	5

3. Overall what is your impression of the park employees? (Rate each characteristic below.)

	Excellent	Good	Fair	Poor	Don't know
Knowledge	1	2	3	4	5
Responsiveness	1	2	3	4	5
Courtesy	1	2	3	4	5
Overall impression	1	2	3	4	5

4. Please rate the quality of each of the following facilities or continuous services in the park:

	Excellent	Good	Fair	Poor	Don't know
Clubhouse	1	2	3	4	5
Swimming pool, spa and patio	1	2	3	4	5
Park lighting	1	2	3	4	5
Recreational area or playground (if applicable)	1	2	3	4	5
Streets and sidewalks	1	2	3	4	5
Guest parking	1	2	3	4	5
Park landscaping	1	2	3	4	5
Computer for resident use	1	2	3	4	5
Programs: emergency preparedness, scholarship program, movie nights and resident meetings	1	2	3	4	5

5. Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't Know
Most residents abide by park rules	1	2	3	4	5
Park rules are equally enforced	1	2	3	4	5
I would like park rules to be more strictly enforced	1	2	3	4	5

6. What other matters are of concern to you?

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