

NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document **YES** answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes

Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____

Includes digital income sources such as and others:

App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy);

Video-based platforms (e.g. Youtube Influencer)

Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other:	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:

	Amount	Frequency
Persons not Living in the Unit? Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Trust, Annuity or Other Claims? Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Peer-to-Peer Payment systems? <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i> Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

Do you currently receive Assistance with your housing payment? YES NO
If yes; Agency Name? _____

Do you HAVE court-ordered or an agreement for child support or alimony? YES NO
(This means there is an order for you to receive child support or alimony, not pay support to someone else) Ordered Amount: _____

Are you currently receiving child support or alimony? YES NO
Amount Received: _____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? YES NO N/A
List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? YES NO

ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificate of Deposit (CD)? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express® Card? <i>(or any card where benefits or pay are deposited)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin) YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me) YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box? _____ YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment? ** YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? <i>(Market Value less unpaid balance and selling costs = Cash Value)</i>	6 Month Avg. Balance \$ _____ Interest Rate _____ Balance \$ _____ Interest Rate _____ Cash Value \$ _____ Interest Rate _____ Balance \$ _____ Interest Rate _____ Amount \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____ Cash Value \$ _____ Annual Earnings \$ _____
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Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away

Notes: _____

YES NO Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
 When: _____ Amount: \$ _____

YES NO Do you have Whole Life Insurance or Universal Life Insurance policies?
 Cash Value \$ _____ Annual Earnings \$ _____

YES NO Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
 If yes, list items: _____ Date: _____

YES NO Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)?
 If yes, please provide:

Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____

YES NO Other: _____

Total of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

***Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

The information provided on this form will be used to determine maximum income eligibility.

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant/Lessee	Date
Owner/Management Agent Signature	Date

Penalties for Misuse of this Form Title 18, Section 1001 of the U.S. 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, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures of improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42.U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42.U.S.C. 408 f, g and h.