

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"/>	_____	
<i>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)</i>			
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?
If yes; Agency Name? _____ YES NO

Do you HAVE court-ordered or an agreement for child support or alimony?
(This means there is an order for you to receive child support or alimony, not pay support to someone else) YES NO 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?
List State _____ and County _____ where granted. YES NO N/A

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?	6 Month Avg. Balance	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?	Balance	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate _____
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>	Balance	\$ _____	Interest Rate _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box? _____			Cash Value \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as on Investment? **			Cash Value \$ _____
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>			Cash Value \$ _____

Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away

Notes: _____

YES <input type="checkbox"/> NO <input type="checkbox"/> Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When: _____	Amount: \$ _____	
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YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Whole Life Insurance or Universal Life Insurance policies?	Cash Value	\$ _____	Annual Earnings	\$ _____
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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 penalties 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