



NOTE: All household members 18 years of age or older are required to complete a separate income and asset 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	<input type="radio"/> Yes <input type="radio"/> No		
Job 2	<input type="radio"/> Yes <input type="radio"/> No		
Self-Employment <i>Includes sources such as and others: App Based Driving Services (e.g. Uber, DoorDash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video platforms (e.g. YouTube)</i>	<input type="radio"/> Yes <input type="radio"/> No		
Social Security	<input type="radio"/> Yes <input type="radio"/> No		
Supplemental Security Income (SSI)	<input type="radio"/> Yes <input type="radio"/> No		
Pension / Veteran's Administration	<input type="radio"/> Yes <input type="radio"/> No		
TANF/ AFDC	<input type="radio"/> Yes <input type="radio"/> No		
Trusts, Annuities, Inheritance, Pensions, Insurance Policies or similar Periodic Payments, or Disbursements? <i>If yes, list sources: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Recurring, even if sporadic, non-monetary in-kind donations from outside the household	<input type="radio"/> Yes <input type="radio"/> No		
Child Support	<input type="radio"/> Yes <input type="radio"/> No		
Alimony	<input type="radio"/> Yes <input type="radio"/> No		
Unemployment Benefits	<input type="radio"/> Yes <input type="radio"/> No		
Educational Financial Assistance	<input type="radio"/> Yes <input type="radio"/> No		
Do you receive recurring payments from persons not living in the unit? <i>Holder/Provider: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Peer-to-Peer Payment Systems <i>(e.g. PayPal, Venmo, Blockchain, Square, etc.)</i> <i>Holder/Provider: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Other:	<input type="radio"/> Yes <input type="radio"/> No		

Do you currently receive, or are applying for, Assistance with your housing payment? Yes No

If yes; Agency Name? _____

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

Are any of the above-listed income sources ending this coming year and will not repeat? Yes No

If yes, list sources: _____

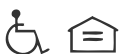




ASSET SOURCES

Non-Necessary Personal Property

YES	NO			
<input type="radio"/>	<input type="radio"/>	Do you have a Checking Account?	Current Balance:	Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Savings/Holiday Account?	Current Balance:	Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Certificates of Deposit (CD)?	Cash Value:	Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Direct Express® Card? <i>(or any card where benefits or pay are deposited)</i>	Balance:	
<input type="radio"/>	<input type="radio"/>	Do you have Cash on Hand?	Amount:	
<input type="radio"/>	<input type="radio"/>	Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Internet Based Funding? (e.g. GoFundMe)	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Stocks, Bonds, Revocable Trusts or Annuities?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Money Market or Mutual Funds?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Treasury Bills?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have a Safe Deposit Box? What is held in the Box?	Cash Value:	
<input type="radio"/>	<input type="radio"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.</p> <p>If yes, list type below:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>		<p>1. Cash Value: _____</p> <p>2. Cash Value: _____</p> <p>3. Cash Value: _____</p> <p>4. Cash Value: _____</p> <p>5. Cash Value: _____</p>
<input type="radio"/>	<input type="radio"/>	Have you received any Lump Sum Amounts (e.g. inheritances, capital gains, lottery winnings, insurance settlements)?	Source:	Date:
<input type="radio"/>	<input type="radio"/>	Do you have Whole Life Insurance or Universal Life Insurance?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Other:		
<input type="radio"/>	<input type="radio"/>	Have you received a federal tax refund for refundable tax credit in the past 12 months? If yes, amount received: _____		





YES	NO	
<input type="radio"/>	<input type="radio"/>	Do you own Real Property, e.g. 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: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away
		Notes: _____
<input type="radio"/>	<input type="radio"/>	Have you disposed of any assets for more than \$1,000 below their Fair Market Value (FMV), given away or otherwise transferred ownership of assets within the last two years? Do not include separation, divorce, bankruptcy, or foreclosure.
		If yes, list items: _____ Date: _____

Total Value of Non-Necessary Personal Property: \$ _____ *

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

*Refer to the \$50,000 in Assets Self-Certification Form

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

Applicant/Tenant Signature

Date

Printed Name

Owner/Owner Agent Signature

Date

Printed Name

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.

