

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	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"/>	_____	_____
<b>Do you receive regular or periodic payments from:</b>		<b>Amount</b>	<b>Frequency</b>
Persons not Living in the Unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Trust, Annuity or Other Claims?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Peer-to-Peer Payment Systems? <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Holder/Provider: _____		_____	_____
Do you currently receive Assistance with your housing payment? <i>If yes; Agency Name? _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you HAVE a court-order (or agreement) for child support or alimony? <i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Ordered Amount: _____
Are you currently receiving child support or alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	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 <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Are you a student (either full or part-time) enrolled in an institution of higher learning?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____

## ASSET SOURCES

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

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.*