

INCOME/ASSET DECLARATION INFORMATION

Each household member 18 years of age and older must complete a separate form.

- | <u>Yes</u> | <u>No</u> | <u>INCOME</u> |
|------------|-----------|--|
| _____ | _____ | 1. Are you or any household member currently employed, or expect to be employed within the next three months? |
| _____ | _____ | 2. Do you or any household member own a business or are you or any household member self-employed? |
| _____ | _____ | 3. Do you or any household member receive Social Security and/or S.S.I. Income? |
| _____ | _____ | 4. Do you or any household member receive AFDC or any other public assistance benefits? |
| _____ | _____ | 5. Have you or any household member been awarded child support?
If yes, what is the monthly payment? \$ _____ and do you receive payment on a regular basis? _____
What is the case # assigned through the Child Support Enforcement Services? _____ |
| _____ | _____ | 6. Have you or any household member been awarded alimony? |
| _____ | _____ | 7. Do you or any household member receive unemployment benefits? |
| _____ | _____ | 8. Do you or any household member receive worker's compensation? |
| _____ | _____ | 9. Do you or any household member receive income from tips, bonuses and/or commissions? |
| _____ | _____ | 10. Do you or any household member receive income from a trust fund, annuities and/or royalties? |
| _____ | _____ | 11. Do you or any household member receive income from a Retirement and/or Pension Fund? |
| _____ | _____ | 12. Do you or any household member receive income from a Veterans Pension? |
| _____ | _____ | 13. Do you or any household member receive financial assistance for rent, groceries, utilities, clothing or household supplies from persons/sources outside the household? |
| _____ | _____ | 14. Do you or any household member receive income from Insurance or Death benefits? |
| _____ | _____ | 15. Do you or any household member receive income from Rental Property? |
| _____ | _____ | 16. Do you or any household member receive income from any Immigration agencies, such as World Relief Funds? |
| _____ | _____ | 17. Have you received any lump sum payments (inheritance, lottery, insurance settlement, capital gains)? |
| _____ | _____ | 18. Do you or any household member receive income as a member of the Armed Forces whether or not living in the dwelling? |
| _____ | _____ | 19. Do you or any household member receive income from RSVP or Foster Grandparent Program? |

- | <u>Yes</u> | <u>No</u> | <u>ASSETS</u> |
|------------|-----------|--|
| _____ | _____ | 20. Do you or any household member have a checking account? |
| _____ | _____ | 21. Do you or any household member have a savings account? |
| _____ | _____ | 22. Do you or any household member have Money Market Funds and/or Certificates of Deposit? |
| _____ | _____ | 23. Do you or any household member own Stocks, Bonds, Treasury Bills and/or Certificates? |
| _____ | _____ | 24. Do you or any household member have an IRA, Keogh or any other Retirement Account or other Accounts? |
| _____ | _____ | 25. Do you or any household member own interest in Real Estate or have any Capitol Investments? |
| _____ | _____ | 26. Do you or any household member receive Interest Income? |
| _____ | _____ | 27. Do you or any household member receive Dividends? |
| _____ | _____ | 28. Do you or any household member have a Trust?
If yes, is the trust irrevocable? _____ |
| _____ | _____ | 29. Do you or any household member have cash held (safety deposit box, etc.)? |
| _____ | _____ | 30. Have you or any household member disposed of any assets totaling \$1000 during the last two (2) years?
If yes, please explain: _____

Dates Assets were disposed of? _____ Amount received for Asset? _____
The Asset's market value at the time of disposition? _____ |
| _____ | _____ | 31. Do you have personal property held as an investment? |
| _____ | _____ | 32. Do you have assets held jointly with another individual who is not part of the household? |

- | <u>Yes</u> | <u>No</u> | <u>CHILD CARE EXPENSES</u> |
|------------|-----------|---|
| _____ | _____ | 33. Do you pay for Child Care for Children under 13 years of age, while working or attending school? |
| _____ | _____ | 34. Are any of these child care costs reimbursed by agencies, family/friends or the children's father?
If yes, by whom and how much: _____ |

- | <u>Yes</u> | <u>No</u> | <u>MEDICAL EXPENSES</u> |
|------------|-----------|--|
| _____ | _____ | 35. If you are 62 or older, handicapped or disabled, and anticipate un-reimbursed medical or disability expenses, please list them below:
Hospitals? _____
Doctors? _____
Pharmacy? _____
Dentists? _____
Health Insurance Plans? _____
Disability/Handicapped Aparatus Expense? _____ |

- | <u>Yes</u> | <u>No</u> | <u>ELIGIBILITY</u> |
|------------|-----------|--|
| _____ | _____ | 36. Are any household members temporarily absent? |
| _____ | _____ | 37. Are any household members permanently absent? |
| _____ | _____ | 38. Are there any students in the household that are 18 years or older enrolled in an institution of higher education? |

Comments: _____

I do hereby state I have answered all the above questions truthfully and I am aware of the penalties under Federal Law for willfully giving false information in order to receive housing assistance on my behalf. I understand that it is my responsibility to report changes in income, assets and family composition whenever the occur and to do so in a timely manner (within 2 weeks of change). I also understand that if I report no income, a Notarized Statement of Zero Income must be completed.

Resident/Applicant Signature: _____ / _____ Print Name: _____ Date: _____