



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. Refer to [HUD's mandatory income exclusions](#).

Name: _____

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

Date: _____

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		
Government Pensions/ Veteran's Administration	<input type="radio"/> Yes <input type="radio"/> No		
TANF/ AFDC	<input type="radio"/> Yes <input type="radio"/> No		
Periodic Payments, Disbursements, or Withdrawals from Trusts, Annuities, Inheritance, Pensions, Insurance Policies, or IRS recognized retirement accounts (i.e., 401 K). <i>If yes, list the 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		





Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Peer-to-Peer Payment Systems <i>(e.g. PayPal, Venmo, Blockchain, Square, etc.)</i> Holder/Provider: _____	<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:





Non-Necessary Personal Property

YES NO

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.

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.

If yes, list type below:

- 1. _____
2. _____
3. _____
4. _____
5. _____

- 1. Cash Value: _____
2. Cash Value: _____
3. Cash Value: _____
4. Cash Value: _____
5. Cash Value: _____

Have you received any Lump Sum Amounts (e.g. inheritances, capital gains, lottery winnings, insurance settlements)?

Source:

Date:

Amount:

Do you have Whole Life Insurance or Universal Life Insurance?

Cash Value:

Annual Earnings:

Other:

Have you received a federal tax refund for refundable tax credit in the past 12 months?

If yes, amount received:

The tax return/refundable tax credit is not counted as an asset. If household non-necessary personal property exceeds \$52,787, deduct the tax credit/refunded tax credit amount received in the last 12 months from the total net assets.

Have you disposed of any business or family assets for less than fair-market value (FMV) including a disposition of a trust to someone outside the household within the last two years? Do not include assets disposed through foreclosure or bankruptcy, or also through separation or divorce if you received consideration not measurable in dollar terms or monetary value. An example of this is you agreed to sell your camper for less than fair-market value in a divorce settlement to your ex-husband/wife in exchange for their promise to not resell the camper.

If yes, list items:

Date:





Real Property			
○	○	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:	

Total Value of Non-Necessary Personal Property: \$_____ (Value of items declared on pages 2 and 3)

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

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

Applicant/Tenant Signature	Date	Printed Name
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Owner/Owner Agent Signature	Date	Printed Name
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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.

