

Applicant / Tenant Sworn Income and Asset Statement



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 4 digits): _____
 Date: _____

Document Yes answers with third party verification.

<u>Income Source</u>	I have or I 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"/>	_____	_____
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:

Persons not Living in the Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____	
	Holder/Provider _____				
Trust, Annuity, or Other Claims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____	
	Holder/Provider _____				

Do you currently receive Assistance with your housing payment? Yes No
 If yes; Agency Name: _____

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? Yes No N/A
 List State _____ and County _____ where granted.

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



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Asset Source

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	6 Month Avg. Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Direct Express® Card? (or any card where benefits or pay are deposited)	Balance	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the box? _____	Cash Value	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Personal Property held as on Investment? **			Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$ _____

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

Notes: _____

<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When _____	Amount _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Whole Life Insurance or Universal Life Insurance policies?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?	If yes, list items: _____		Date:	_____
<input type="checkbox"/>	<input type="checkbox"/>	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 _____

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

