



Income and Asset Statement

The adult named below must complete AND sign this form even if there is no income
(Must be 18 years or older at time of signature)

Name _____ Client # _____ Date of Birth _____

DECLARATION OF ACKNOWLEDGEMENT

Penalties for committing fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. The following may occur if you provide information that you know is false or incomplete:

- Termination from the program
- Imprisonment for up to five (5) years
- Repayment for overpaid rental assistance you received
- Fine of up to \$10,000
- Disqualification from receiving future assistance

By signing below I am certifying that I have completed the Income and Asset form and that the information I have given is true and complete.

SIGNATURE _____ DATE _____

DO YOU OWN OR HAVE ANY OF THESE ASSETS? (In or out of the United States)

- | YES | NO | | YES | NO | |
|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Checking Account(s) | <input type="radio"/> | <input type="radio"/> | House, Condo, Mobile Home, Real Estate |
| <input type="radio"/> | <input type="radio"/> | Savings / Money Market Account(s) | <input type="radio"/> | <input type="radio"/> | Certificate of Deposit (CD) / Treasury Bills / Bonds |
| <input type="radio"/> | <input type="radio"/> | IRA (Individual Retirement Account) | <input type="radio"/> | <input type="radio"/> | Whole Life Insurance Policies |
| <input type="radio"/> | <input type="radio"/> | Trust Fund | <input type="radio"/> | <input type="radio"/> | Other: _____ |

Bank Name _____ Type of Account _____ Account # _____

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YES NO

- Have you disposed of any asset(s) for less than fair market value in the last 2 years?
- Do you have any assets held jointly with another person? (Ex: Checking, Savings, real estate, etc.)

DO YOU RECEIVE INCOME FROM ANY OF THESE SOURCES?

- All income and assets must be reported for determination of continued program eligibility.
- Current verification is required for ALL household members (including minors) who receive income and/or benefits.
- Some income and/or benefits may not be included when your rent portion is calculated.

- | YES | NO | | YES | NO | | YES | NO | |
|-----------------------|-----------------------|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|
| <input type="radio"/> | <input type="radio"/> | Job / Wages | <input type="radio"/> | <input type="radio"/> | Self Employment | <input type="radio"/> | <input type="radio"/> | Tips or bonuses or commissions |
| <input type="radio"/> | <input type="radio"/> | SSI and/or SSA | <input type="radio"/> | <input type="radio"/> | Unemployment | <input type="radio"/> | <input type="radio"/> | Worker's Comp / Disability |
| <input type="radio"/> | <input type="radio"/> | SSI for Minor | <input type="radio"/> | <input type="radio"/> | Veterans Benefits | <input type="radio"/> | <input type="radio"/> | Employment Training Program |
| <input type="radio"/> | <input type="radio"/> | TANF / CalWORKS | <input type="radio"/> | <input type="radio"/> | Pensions / Retirement | <input type="radio"/> | <input type="radio"/> | Annuities or non-revocable trust |
| <input type="radio"/> | <input type="radio"/> | General Assistance | <input type="radio"/> | <input type="radio"/> | Child Support | <input type="radio"/> | <input type="radio"/> | Income from rent or sale of property |
| <input type="radio"/> | <input type="radio"/> | Food Stamps | <input type="radio"/> | <input type="radio"/> | Alimony | <input type="radio"/> | <input type="radio"/> | Dividends/Payments from investments |
| <input type="radio"/> | <input type="radio"/> | Cash Gifts / Loans | <input type="radio"/> | <input type="radio"/> | Adoptive Assistance | <input type="radio"/> | <input type="radio"/> | Military Pay |
| <input type="radio"/> | <input type="radio"/> | Lump sum payment | <input type="radio"/> | <input type="radio"/> | Foster Care / Kin Gap | <input type="radio"/> | <input type="radio"/> | Other: _____ |

Employer(s) Name _____ Phone# _____

Address _____ City _____ Zip _____

Employer(s) Name _____ Phone# _____

Address _____ City _____ Zip _____

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): _____

Phone# _____ Address _____

Person providing support (Ex: Child Support, Alimony, Gifts/Loans): _____

Phone# _____ Address _____