

INCOME / ASSET CHECKLIST

(Please complete one form for each adult household member)

Do you or any of your household members receive income from ANY of the following sources?

	<u>YES</u>	<u>NO</u>
• Employment	<input type="checkbox"/>	<input type="checkbox"/>
• Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>
• Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>
• Pension	<input type="checkbox"/>	<input type="checkbox"/>
• Veteran Benefits	<input type="checkbox"/>	<input type="checkbox"/>
• Alimony	<input type="checkbox"/>	<input type="checkbox"/>
• Child Support – Court Ordered	<input type="checkbox"/>	<input type="checkbox"/>
• Child Support – Private Agreement	<input type="checkbox"/>	<input type="checkbox"/>
• Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
• Workmen’s Compensation	<input type="checkbox"/>	<input type="checkbox"/>
• Military Pay	<input type="checkbox"/>	<input type="checkbox"/>
• Lottery Winnings	<input type="checkbox"/>	<input type="checkbox"/>
• Money received from Non-Household members	<input type="checkbox"/>	<input type="checkbox"/>
• Income derived from a business or property owned	<input type="checkbox"/>	<input type="checkbox"/>

Do you or any of your household members have any of the following types of assets?

• Checking Account	<input type="checkbox"/>	<input type="checkbox"/>
• Savings Account	<input type="checkbox"/>	<input type="checkbox"/>
• Cash at home or anywhere else	<input type="checkbox"/>	<input type="checkbox"/>
• Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>
• Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>
• Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>
• Stocks/Bonds/Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>
• Individual Retirement Accounts (IRA)	<input type="checkbox"/>	<input type="checkbox"/>
• Lump Sum Receipts	<input type="checkbox"/>	<input type="checkbox"/>
• Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
• Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
• Other Investments	<input type="checkbox"/>	<input type="checkbox"/>

Has any household member disposed of any assets within the last two (2) years?

Are there any full-time students, 18 years of age or older, residing in the household?

Do you file a tax return?

APPLICANT/RESIDENT STATEMENT

I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT.

Applicant/Resident

Date

Owner/Management Agent

Date