

## Checklist for Income, Assets, and Allowance

This checklist must be completed at initial certifications and at each annual and interim recertifications. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

\_\_\_\_\_  
Last Name First Name M.I.

Yes No Answer Yes or No to Each Item:

### NON-ASSET INCOME

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child under the age of 18 with non-employment income. Name: _____                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed. List all of the companies you work for: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive tips, bonuses or commissions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently working overtime, or expect to work overtime in the next 12 months.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. Type of business: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I own my own small business. Name of business: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently a student, but expect to be employed during the summer months.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from military employment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment or Worker's compensation benefits.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits or benefits from the GI Bill.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance (welfare).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. How many providers? _____ Is it paid directly to Social Services? _____              |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular cash contributions or gifts (including utility, phone, cable, or rent pmts. paid for you).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from annuities, an inheritance, or a non-revocable trust fund.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive regular payments from insurance policies. List all policies: _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from retirement funds. List all companies: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from one or more pensions. List all pensions: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently having a benefit reduced to adjust for a prior overpayment.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received a delayed periodic receipt. List agency: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from other sources not listed above. Explain: _____   |

### ASSET INCOME

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash held in my home or in a safety deposit box.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets held in another state. Type: _____ List State(s): _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. How many properties? _____ Name location(s): _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have equity in rental property or other capital investments. Name _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental income from real estate. Name location(s): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of farm land. Name location(s): _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from oil or gas rights. Name location(s): _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a land contract, mortgage or deed or trust. Name: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a vacant house or land that currently receives no income. Name location(s): _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a mobile home. I receive _____ monthly rental income from it. It is vacant _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a funeral account. It is revocable _____ It is non-revocable _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a revocable trust.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have savings accounts. How many? _____ List all institutions: _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have checking accounts. How many? _____ List all institutions: _____                                    |

Yes	No	Answer Yes or No to Each Item:
<input type="checkbox"/>	<input type="checkbox"/>	I have certificates of deposit. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have money market accounts. How many? _____ List all institutions: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have IRA's or Keogh's. How many? _____ List: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have stocks. List all companies: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have bonds. List all types: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills.
<input type="checkbox"/>	<input type="checkbox"/>	I have a retirement or pension account.
<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy(ies). It is a "whole life" policy. _____ It is a "universal life" policy: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than what are listed above. Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	My name is on accounts not effectively owned by me. Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as. _____
<input type="checkbox"/>	<input type="checkbox"/>	power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets.
<input type="checkbox"/>	<input type="checkbox"/>	I have joint ownership on one or more of the above assets.

#### DIVESTITURE

☐ ☐ I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years. Explain: \_\_\_\_\_

#### ALLOWANCES

☐ ☐ I am enrolled as a part- or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to recognized educational credential.

☐ ☐ I am elderly (62 or older), handicapped or disabled.

☐ ☐ I pay for medical insurance.

☐ ☐ I pay expenses relating to a handicap or disability.

☐ ☐ I pay medical expenses out of my own pocket.

☐ ☐ I pay child care expenses out of my own pocket.

☐ ☐ I pay attendant care expenses out of my own pocket.

☐ ☐ I pay medical, child care or attendant care expenses, for which I am reimbursed by an outside source or governmental agency.

#### CERTIFICATION

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature \_\_\_\_\_

Date \_\_\_\_\_