

## Income / Asset Statement

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Household Composition: I certify my household consists of the following persons ONLY. I certify changes in household AND income will immediately be reported to the management. All persons age 18 or older living in the household will complete and sign a separate Income/Asset Statement. Please complete every YES/NO question.**

### A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number
	<b>Head</b>		

2. Additional household information

	Yes	No
Are any household members temporarily absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of the household enrolled as a student at an Institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>

### B. Income and Assets

Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
Welfare or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Child support?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security payments?	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	

1. Do you receive or expect to receive:

	Yes	No	Amount
Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarships, educational grants or work study?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have you received or expect to receive any lump sum payments such as:

	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

3. Do you have money in:

	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received: _____ _____			

Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the assets: _____ _____			

**C. Other Information** – Enter the amount you pay per year for all questions that you answer Yes.

**1. Child and dependent care**

	Yes	No	Amount
Do you pay child care expenses for a child (or children) under age 13 because you (check one box only) <input type="checkbox"/> work <input type="checkbox"/> are actively looking for work <input type="checkbox"/> attend school?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, enter the provider name(s) and address(es): _____			
Is any part of the child care expense paid by another person or agency? If yes, enter the name and address _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Is any part of the care attendant expense paid by another person or agency? If yes, enter the name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	

**2. Medical** - Complete only if the head of household, spouse or adult co-head is at least 62 years old or disabled. Enter medical expenses for all household members.

Do you have Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other kind of medical insurance? If yes, enter the company name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for prescription medication? If yes, enter the pharmacy name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any non-prescription (over the counter) medication that your doctor has asked you to use regularly? (such as aspirin, insulin, etc.) If yes, list the medication: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to have an extraordinary medical or dental expense in the next 12 months? If yes, enter the type of expense: _____	<input type="checkbox"/>	<input type="checkbox"/>	

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur. Submittal of false statements is punishable under Federal law.

\_\_\_\_\_  
Head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of household

\_\_\_\_\_  
Date