

**APPLICANT/TENANT SWORN INCOME AND ASSET STATEMENT**

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION:** If someone in the household has a disability and as a result of that disability needs a reasonable accommodation, you can request an Accommodation Form from our staff that is assisting you with this package. If you need assistance in filling out an Accommodation Form, or if you want to give us your request in some other way, we can assist you. If you need any further assistance or have any questions that can not be answered, please contact the facility manager.

Are you requesting any assistance or accommodation in completing this income and asset statement? NO  YES

Applicant/Tenant Name: \_\_\_\_\_ Unit \_\_\_\_\_

Current Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position:	Hire Date:	Supervisor:	Salary:
_____	_____	_____	_____

\* Types of Income includes but are not limited to: Employment, Social Security, SSI, Pension, Unemployment Benefits, Worker's Comp, Child Support, Alimony and some gifts and loans.

Type of Asset\*\*: \_\_\_\_\_ Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Asset\*\*: \_\_\_\_\_ Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Type of Asset\*\*: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*\* Types of Assets includes but are not limited to: Checking Accounts, Savings Accounts, Certificates of Deposit, Stocks, Bonds, Money Market / Mutual Funds, IRA Accounts, Keogh Accounts, 401K Accounts, Cash, Investments and collections (coin, stamp and other collections of value)

**Staff: Document all "YES" answers with third-party verification.**



**APPLICANT/TENANT SWORN INCOME AND ASSET STATEMENT**

**NOTE to APPLICANT-:** ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER ARE REQUIRED TO COMPLETE AND RETURN A **SEPARATE** INCOME STATEMENT. **ALL INCOME & ASSETS** MUST BE REPORTED AND **ALL QUESTIONS** MUST BE COMPLETED. ANY CURRENT, PENDING OR ANTICIPATED SITUATIONS FOR THE HOUSEHOLD IN THE NEXT 12 MONTHS MUST BE ANSWERED YES WITH AN EXPLANATION IN THE COMMENT COLUMN.

Are you the Head of Household? YES  NO  If no, please print Head of Household name: \_\_\_\_\_

<u>Income Source</u>	(Check YES or NO) I RECEIVE	Monthly Amount	Comments
Are you employed?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____
Do you work overtime?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you receive bonuses?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____ How often? _____	_____
Do you receive tips or commission?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
- or both?	NO <input type="checkbox"/> YES <input type="checkbox"/>	_____	_____
Do you anticipate being employed in the next 12 mos. (other than above)	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	Start date of job _____
Are you self-employed?	NO <input type="checkbox"/> YES <input type="checkbox"/>	_____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____
Do you receive any Public Assistance?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	TANF <input type="checkbox"/> GAU <input type="checkbox"/> GAX <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other <input type="checkbox"/>
Do you receive Social Security benefits?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you receive SSI/SSDI benefits?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____

<u>Income Source</u>	(Check YES or NO) I RECEIVE	Monthly Amount	Comments
Do you receive any Unemployment benefits?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you receive any Workers Comps?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you receive any Veterans Benefits?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you receive any pension, annuity or other income benefits? (other than above)	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you or anyone receive any income from being a student?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____
Do you receive any railroad retirement benefits?	NO <input type="checkbox"/> YES <input type="checkbox"/>	\$ _____	_____



QUAD Inc.  
**APPLICANT/TENANT SWORN INCOME AND ASSET STATEMENT**

Are you receiving long-care insurance payments? NO  YES  \$ \_\_\_\_\_

Are you a member of the Armed Forces? NO  YES  \$ \_\_\_\_\_

Are you receiving any money from your family, church, friends or others? NO  YES  \$ \_\_\_\_\_

Are you receiving any other form of regular / periodic income? (E-Bay, Tupperware, Mary Kay, side jobs, lottery, settlements, etc.) NO  YES  \$ \_\_\_\_\_

Are you or any person in the household receiving any type of income that may belong to someone else? (child care, trust fund, foster care, SSI, etc) NO  YES  \$ \_\_\_\_\_

Do you currently receive or anticipate child support or alimony in the next 12 months? (including any back support owed) NO  YES  \$ \_\_\_\_\_

Was child support or alimony given / granted to the household in the last 12 months? NO  YES  \$ \_\_\_\_\_

Are you OR someone else in the household anticipates or currently a student (18 years or older)? NO  YES

Do you OR someone else in the household anticipate or receives any financial aid from being a student? NO  YES

Please list the person(s) who is or will be a student in the household: \_\_\_\_\_

Comments: \_\_\_\_\_

**Asset Source**     *If you need more room to list all accounts, list them on the back of this page*

NO	YES	How Many?			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Checking Accounts?	_____	Balance \$ _____	Interest Earn \$ _____
				Balance \$ _____	Interest Earn \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Savings / Holiday Accounts?	_____	Balance \$ _____	Interest Earn \$ _____
				Balance \$ _____	Interest Earn \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a trust fund?	_____	Balance \$ _____	Interest Earn \$ _____
		Revocable <input type="checkbox"/> Non-Revocable <input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Stocks/Bonds/Treasury Bills?	_____	Balance \$ _____	Interest Earn \$ _____



**APPLICANT/TENANT SWORN INCOME AND ASSET STATEMENT**

Do you have any Certificates of Deposits? \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Earn \$ \_\_\_\_\_

Do you have any company retirement / deferred compensation accounts? \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Earn \$ \_\_\_\_\_

Do you have any Money Market / Mutual Funds? \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Earn \$ \_\_\_\_\_

Do you have any IRA/Annuity Accounts? \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Earn \$ \_\_\_\_\_

Do you have any 401K Accounts/Keogh? \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Earn \$ \_\_\_\_\_

Are any of these accounts above jointly owned? If yes, explain: \_\_\_\_\_

Do you have Cash on Hand? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Is someone else holding your cash? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Do you have a Safety Deposit Box? What is held in the box? \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Is anyone in the household receiving **cash** for any reasons? Other than listed above?

Do you have any Personal Property held as an Investment? \*\* \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Do you own a Home, Personal, Rental Property and/or other Capital Investments?  
(Market Value less unpaid balance and selling costs = Cash Value) \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Have you received any Lump Sum Receipts? (Inheritances, capital gains, lottery winnings, insurance settlements or other claims) When? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have life insurance policies? Term  Whole Life  \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Do you receive regular or periodic payments from persons not living in the unit, trust annuity, or other claims?  
Where held / Who \_\_\_\_\_ When \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you or anyone in the household sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list Items: \_\_\_\_\_

Does your minor child (ren) have any assets (Checking/Savings Account, Certificate of Deposit, Savings Bond(s), Trust Funds, etc.)? If yes, please provide:

Type	_____	Value	\$ _____	Where Held	_____	Interest	\$ _____
Type	_____	Value	\$ _____	Where Held	_____	Interest	\$ _____
Type	_____	Value	\$ _____	Where Held	_____	Interest	\$ _____

Do you have any assets, income or other sources not named above? Yes  No

Explain: \_\_\_\_\_

\*\*Personal property held as an investment may include, but is not limited to, gems 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.



**APPLICANT/TENANT SWORN INCOME AND ASSET STATEMENT**

**MEDICAL EXPENSES:** For households whose head or spouse is age 62 or older, or whose head or spouse is disabled. Some out of pocket medical expenses are deductible if prescribed by your Doctor and verified. Expenses that are reimbursed or paid by a third party are not deductible. If unsure, contact our staff for guidance. We can deduct certain medical expenses per HUD's regulations.

Do you need HUD's procedures and guidelines regarding allowances, deductions and medical expenses? NO  YES

Are you turning in any medical expenses or deductions for us to deduct at this time? NO  YES

Do have a SPD co pay for attendant care  
SPD Case Manager Name: \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_ NO  YES

**Household Composition:** Has anyone moved into or out of your household in the past 1 year? NO  YES

The information provided on this form will be used solely for the purpose of determining maximum eligibility for housing and income determination.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. I further understand that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement and may result in further legal action against the family on the part of this program and/or other federal or state agencies.

I also understand that all changes to my household composition or income of more then \$200 per month that occur after I have completed this review must be reported in writing to QUAD Inc. within 14 days of such change.

**Please read:**

By my signature I certify that the information I have provided above is true and complete to the best of my knowledge and belief. I understand that if I furnish false or incomplete information I can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and/or have my rent increased.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Project Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_



QUAD Inc.  
**APPLICANT/TENANT SWORN INCOME AND ASSET STATEMENT**

*CERTIFICATION FOR DIVESTITURE OF ASSETS*

I HEREBY CERTIFY THAT DURING THE TWO YEAR (24 MONTHS) PERIOD PRECEDING THE EFFECTIVE DATE OF MY CERTIFICATION OR RECERTIFICATION OF ELIGIBILITY FOR PROGRAM PARTICIPATION, I HAVE \_\_\_\_\_ HAVE NOT \_\_\_\_\_ DISPOSED OF ASSETS FOR LESS THAN FAIR MARKET VALUE.

IF YOU HAVE DISPOSED OF ASSETS YOU MUST FILL OUT THE FORM BELOW.

1. I HAVE DISPOSED OF MORE THEN \$1000.00 IN ASSETS FOR LESS THEN FAIR MARKET VALUE WITHIN THE TWO-YEAR PERIOD PRECEDING THE EFFECTIVE DATE OF MY CERTIFICATION OR RECERTIFICATION.

2. THE ASSET (S) I DISPOSED OF WAS:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. THE VALUE OF THE ASSET I DISPOSED OF WAS:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4. THE AMOUNT (S) RECEIVED FOR THE ASSET(S) I DISPOSED OF WAS:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

I AM AWARE OF THE PROVISIONS OF SECTION 1001 OF TITLE 18 OF THE U.S. CODE. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE, PUNISHABLE BY A \$10,000.00 FINE OR 10 YEARS IMPRISONMENT OR BOTH, TO MAKE WILLFUL STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

