

Sworn Statement of Income and Assets

Applicants/residents must complete this form in their own handwriting unless it is presented in property management's software. List all persons who will be living in the unit; if adding a member to an existing resident household, only include the information for the person being added. Additional information may be requested separately for screening purposes. Use additional sheets if necessary.

Property Name: _____

Household/Family Composition

Table 1: Household/Family Composition

Member Number	Member's Full Legal Name	Relationship to Head of Household ¹	Date of Birth (MM/DD/YYYY)	Is this person a student ² ? Yes/No	Social Security Number ³
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
9					

¹ List co-head, spouse, adult co-tenant, child/dependent, foster, live-in aide, or other (describe).

² List yes If the member has been or will be a full or part time student during this calendar year or the next. This includes public and private elementary, junior and senior high, college, university, technical, trade, and mechanical schools. This does not include on-the-job training courses.

³ Social Security Numbers and completion of Attachment A are required only for applications involving rental assistance.

Does any member have a preferred legal name that is different than their legal name?

☐ Yes, fill out the table below.

☐ No

Table 2: Members' Preferred Name

Member Number	Member's Full Legal Name	Member's Preferred Name

Will any member, including children, live-in the unit on a less than full-time basis?

☐ Yes, explain: _____

☐ No

Do you anticipate any change to your household (someone moving in or out) during the next 12 months?

☐ Yes, explain: _____

☐ No

Does any member have a need best served by a unit with mobility, hearing, or visual accessibility features?

☐ Yes, explain which features are needed: _____

☐ No

Does/will the household receive rent assistance?

☐ Yes, indicate from what source (Housing Choice Voucher, Housing Support, etc.): _____

☐ No

Income Disclosure

For each income type, list the anticipated gross annual income from all members for the 12-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time, seasonal or day-laborer income even if completing this document in the off-season. Do not include income from live-in aides required for the care of elderly or disabled persons or income of foster adults or foster children. List N/A if a source does not apply to any member. Each line must have an amount listed or N/A and all questions must have a response for this disclosure to be considered complete.

Table 3: Income Disclosure

Item Number	Income Type	Gross Annual Amount
1	Employment wages, salaries, commissions, tips, bonuses, other compensation	\$
2	Self-employment, multi-level marketing (for example, Mary Kay, Avon, Shaklee), or work for cash	\$
3	Independent contractor through app or gig work (such as Uber, Door Dash, Tik Tok, YouTube, other app-based or social media service)	\$
4	Child support	\$
5	Spousal maintenance/alimony	\$
6	Social Security Income (include amounts received for minor children)	\$
7	Periodic disability or death benefit payments (including Social Security Disability)	\$
8	Periodic payments from pension or retirement accounts (for example, PERA, IRA, Railroad, Military, etc.)	\$
9	Wages or other pay for a member of the armed forces	\$
10	Public assistance (for example, MFIP, General Assistance, etc.; this does not include food assistance)	\$
11	Unemployment benefits or severance pay	\$
12	Regular gifts or contributions from persons not living in the household including, but not limited to, payments for rent, utilities, cell phone, transportation, etc.	\$
13	Periodic payments from lottery or other winnings	\$
14	Income from rental of real estate or personal property	\$
15	Periodic payments from trusts, inheritance, insurance policies, or similar periodic payments or disbursements	\$
16	Other income (describe): _____	\$

List income source(s) that are seasonal or day-laborer: _____

Does any adult have zero income (no source of income)?

- ☐ Yes, *this person(s) must complete a Zero Income Certification.* List the member(s): _____
- ☐ No

Has any member been newly hired for a job or anticipate receiving income that has not yet begun?

- ☐ Yes, indicate which member, the name of the new employer or new source of income, and the date employment or new income will begin: _____
- ☐ No

Asset Disclosure

For each asset type, list the current balance or market value. Include assets held by or for children under age 18. Do not include assets of live-in aides, foster adults or foster children. List N/A if the asset type is not held by any member. Each line must have an amount listed or N/A and all questions must have a response for this disclosure to be considered complete.

Table 4: Asset Disclosure

Item Number	Asset Type	Current Balance or Market Value
17	Checking account	\$
18	Savings account	\$
19	Certificate of Deposit or Money Market	\$
20	Digital Wallet (for example, Apple Pay, Cash App, PayPal, Venmo, etc.)	\$
21	Digital currency (for example, Bitcoin, Dogecoin, Ethereum, etc.)	\$
22	Pay card for direct deposit of benefits or prepaid debit card	\$
23	Online or app account (for example, GoFundMe, Fundly, Kickstarter, etc.)	\$
24	U.S. Savings Bonds	\$
25	Stocks, securities or other investments	\$
26	Trust account	\$
27	Whole or Universal Life Insurance (not Term Life policies)	\$
28	Collectables held as an investment (for example, coins, stamps, etc.)	\$
29	Gems, jewelry, precious metals, artwork, boat, RV, ATV, antique car, etc. (do not include items that have cultural, religious or family significance)	\$
30	Equipment or machinery not used to generate income for a business	\$
31	Equity in ownership of a business	\$
32	Other account or asset (describe): _____	\$
33	<p>Real Estate (for example, home, farmland, investment property)</p> <p>a. Is the real property suitable as a residence?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>b. I intend to:</p> <p><input type="checkbox"/> Keep</p> <p><input type="checkbox"/> Sell</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Give Away</p> <p>c. Do you have legal authority to sell the property?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	\$

Were any assets sold or given away for *less than Fair Market Value* within the 24 months preceding the date of this document?

- ☐ Yes, fill out the table below.
☐ No

Table 5: Assets Sold or Given Away

Asset Type	Estimated Market Value	Date Sold or Given	Amount Received
	\$		\$
	\$		\$

Did any member receive a federal tax refund or refundable federal tax credit in the last 12 months?

- ☐ Yes, the amount was \$_____
☐ No

Are any assets held jointly with another person that does not live with you?

- ☐ Yes, fill out the table below.
☐ No

Table 6: Assets Held Jointly

Asset Type	Name of Joint Owner(s)	Your Percentage of Ownership
		%
		%

Verification Sources

List the member associated with each source of disclosed income and assets. Provide contact information for verification sources. List all sources for all members (for example, if someone works two jobs and has two bank accounts, list both jobs and both bank accounts).

Attach verification documents (wage history or check stubs, bank statements, social security benefit award letter, etc.). See property manager for questions regarding acceptable verification documents.

Table 7: Verification Sources

Item Number	Member Number	Name and Mailing Address of Income or Asset Source	Contact Name and Phone Number/Email Address



Certification and Signatures

Each person aged 18 or older (and under age 18 if head of household, spouse, or co-head of household) must sign and date. Foster adults and live-in aides are not required to sign.

Head of household email address: _____

Head of household phone number: _____

Under penalty of perjury, I/we certify that the information provided on this Sworn Statement of Income and Assets is true and complete to the best of my/our knowledge. Landlord may verify the statements herein. I/we understand that any false or misleading information constitutes an act of fraud and may result in denial of the application, termination of the lease agreement and/or termination of rental assistance. If any of the information changes prior to the first date of occupancy, I/we agree to notify Landlord immediately.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

☐ This applicant/resident required assistance in completing this document due to: _____

Assistance was provided by: _____

Date: _____

To be completed by property representative.

Household is applying/recertifying for the following program(s):

☐ Section 8

☐ MARIF

☐ Section 811

☐ NHTF

☐ Housing Tax Credit

☐ Other: _____

☐ HOME

Date Application Received: _____

Time Received: _____

Attachment A: Statement of Deductions and Allowances

Complete for Section 8 and Section 811 HUD programs only.

Supply receipts for the previous 12 months for verification and review. Some expenses may be excluded.

Child/Care Expenses

Table 8: Child/Care Expenses

Child/Care Expenses	Monthly Amount
Do you have child care expenses for a child or children under age 13 because you work, are actively seeking employment or attending school? <input type="checkbox"/> Yes, name and address of provider: _____ <input type="checkbox"/> No	\$
Is any portion of child care expenses paid by another person or agency? <input type="checkbox"/> Yes, name and address of provider: _____ <input type="checkbox"/> No	\$
Do you pay for a care attendant or any equipment for a disabled member of the household necessary to permit that person or someone else in the household to work? <input type="checkbox"/> Yes, name and address of provider: _____ <input type="checkbox"/> No	\$
Is any portion of care attendant expenses paid by another person or agency? <input type="checkbox"/> Yes, name and address of provider: _____ <input type="checkbox"/> No	\$

Medical Expenses

Complete only if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.

Table 9: Medical Expenses

Medical Expenses	Monthly Amount
Do you have Medicare?	\$
Do you have any other medical insurance? <input type="checkbox"/> Yes, name and address of insurer: _____ <input type="checkbox"/> No	\$
Do you receive Medical Assistance? <input type="checkbox"/> Yes, do you have a monthly spend down? _____ <input type="checkbox"/> No	\$

Medical Expenses	Monthly Amount
Do you pay for prescription medication? <input type="checkbox"/> Yes, name and address of pharmacy: _____ <input type="checkbox"/> No	\$
Do you have any non-prescription (over the counter) medication that your doctor requested you use on a regular basis (aspirin, insulin, etc.)? <input type="checkbox"/> Yes, list: _____ <input type="checkbox"/> No	\$
Do you have outstanding medical bills on which you are paying? <input type="checkbox"/> Yes, indicate the types of bills owed: _____ <input type="checkbox"/> No	\$
Do you expect to have any health, medical care, reasonable attendant care or auxiliary apparatus type expenses? <input type="checkbox"/> Yes, list amount and type of expense: _____ <input type="checkbox"/> No Name of facility where this can be verified: _____ Doctor's name and address: _____	\$
Do you expect to have expenses related to a service or companion animal? <input type="checkbox"/> Yes, list amount and type of expense: _____ <input type="checkbox"/> No Name of facility where this can be verified: _____ Veterinarian's name and address: _____	\$