

asset certification

Instructions: Please complete both Sections 1 and 2. Complete **one** form per household. Include any assets you own or co-own and assets of children. Exclude assets held by foster children, foster adults, or live-in aides. Do not leave any blanks. Use N/A if a box is not applicable.

Head of Household	Unit Number
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section 1 please choose one of the following

- ☐ I/We do not have any assets at this time. If checked, skip to Section 2 below.
- ☐ I/We have assets. My/our assets are listed below.

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker’s fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

Non-necessary Personal Property							
Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income	Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.)				Annuities current balance	\$	%	\$
Description	\$	%	\$	Money market current balance	\$	%	\$
Description	\$	%	\$	Life Insurance current cash value (not term life)	\$	%	\$
Cash on hand	\$	%	\$	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)	\$	%	\$
Checking current balance	\$	%	\$	Stocks/Bonds current balance	\$	%	\$
Savings current balance	\$	%	\$	Certificate of Deposit current balance	\$	%	\$
Debit cards (not linked to an account that is listed above)	\$	%	\$	Trust funds current balance, if under control of household	\$	%	\$
Internet-based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	\$	%	\$	Lump sum amounts received not listed in above accounts (lottery/inheritance, etc)	\$	%	\$
Brokerage accounts current balance	\$	%	\$	Safety deposit box and its contents	\$	%	\$
Capital investments	\$	%	\$	Other Description	\$	%	
[A] Total cash value of non-necessary personal property:					\$	[B] Total Income:	\$
Important Note: If the above total value [A] is equal to or less than the current threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.							

Real Property			
Description of Property	Cash Value		Income
	\$		\$
	\$		\$
[C] Total real property value:	\$	[D] Total income from real property:	\$
Total Net Asset and Income			
[E] Tax Return: Have you received a tax refund in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Value of return/credit →	\$	Subtract tax return/credit (if any) from total net assets. See formula for [F]	
[F] Total Net Assets: Total real property [C] plus non-necessary personal property [A] if [A] exceeds the current threshold minus [E] tax return/refundable credit	\$	[G] Total Asset Income: [B] + [D]	\$

section 2 you must choose one of the following

- ☐ I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.
- ☐ Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for less than their Fair Market Value (FMV). Date of disposal _____. These assets are included above and are equal to a total of \$_____ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signature

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature	Printed Name	Date
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Applicant/Resident Signature	Printed Name	Date
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Applicant/Resident Signature	Printed Name	Date
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Applicant/Resident Signature	Printed Name	Date
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