

INCOME / ASSET CHECKLIST

Do you or your household members receive income from ANY of the following sources?

| Employment |
|--|
| Public Assistance |
| Social Security |
| Pension |
| Veteran Benefits |
| Alimony |
| Child Support – Court Ordered |
| Child Support – Private Agreement |
| Unemployment |
| Workmen's Compensation |
| Military Pay |
| Lottery Winnings |
| Money received from Non-Household member(s) |
| Income derived from a business or property owned |

Do you or any of your household member(s) have any of the following types of assets?

| Checking Account | |
|--------------------------------------|--|
| Savings Account | |
| Cash at home or anywhere else | |
| Certificate of Deposits | |
| Money Market Account | |
| Trust Funds | |
| Stocks/Bonds/Treasury Bills | |
| Individual Retirement Accounts (IRA) | |
| Lump Sum Receipts | |
| Real Estate | |
| Whole Life Insurance | |
| Other Investments | |
| | |

Applicant/Resident Statement: I hereby certify that the information listed is true and correct. If fraudulent information is submitted or relevant information is withheld from the DHA, the Applicant's application will be cancelled. Current tenants will face eviction proceedings, be charged back rent at the Fair Market Rate, retroactively and be turned in for prosecution for violating a federal law.

| Tenant/Applicant Signature | Date | |
|----------------------------|------|--|
| DHA Representative | Date | |