EQUAL HOUSING OPPORTUNITY

CLEAR FORM

SWORN STATEMENT OF ASSETS

PLEASE COMPLETE A SEPARATE FORM FOR EACH HOUSEHOLD MEMBER.

Property: _____ Apt # _____

Applicant/Resident: _____ Move-In/Re-Cert Date: _____/_____/_____

Effective Date: _____/_____/_____ (Circle Applicable) Basic Rent ☐ Carrying ☐ Rental Assistance ☐ HUD ☐

This form is to be filled out by the applicant/resident and may be used to support the income Certification or Recertification of a household's assets and income. Third Party verification is required for all income and assets declared.

A separate form is required for each non-related adult household member.

ELIGIBILITY:	YES	NO
1. I have a household member who is absent from the home due to:		
Employment	☐	☐
Military Service	☐	☐
Placement in foster care	☐	☐
Temporarily in nursing home or hospital	☐	☐
Permanently confined to nursing home	☐	☐
Away at school	☐	☐
Other (please explain):	☐	☐
2. I have a live-in attendant	☐	☐
3. Expected changes in household are:		
Baby due on (date):	☐	☐
Adopting a child(ren) on (date):	☐	☐
Obtaining custody of a child(ren) on (date):	☐	☐
Obtaining joint custody of a child(ren) on (date):	☐	☐
Receiving a foster child(ren) on (date):	☐	☐
A. Income		
1. Are you or any other members of the household currently receiving income from any of the following sources:		
Wages/Salaries	☐	☐
Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps. If yes, which program:	☐	☐
Tips, bonuses or commissions	☐	☐
Overtime pay	☐	☐
Income from operation of a business	☐	☐
Social Security	☐	☐
Disability/SSI	☐	☐
Death Benefits	☐	☐
Pension/Retirement Funds	☐	☐
Annuities or non-revocable trust	☐	☐
Unemployment	☐	☐

Income (continued)	YES	NO
Military pay		
Workman's Compensation		
Public Assistant/TANF		
Alimony		
Child Support		
Income from rent or sale of property		
Periodic payment from lottery winnings		
Regular recurring contributions from persons or agencies outside of household		
Insurance policies		
Severance pay		
Other (please explain):		
2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, specify the source of the income.		
B. Assets:		
1. Do you or any other members of the household have any of the following:		
Checking Account(s)		
Savings Account(s)		
Certificates of Deposit(s)		
Money Market Funds		
IRA/Keogh Account(s)		
Stocks		
Bonds		
Treasury Bills		
Trust Funds (If yes, do you have access to the funds and is the trust irrevocable?)		
Real Estate		
Whole Life or Universal Life Insurance Policy (Term Insurance not included)		
Cash in safety deposit box/home/in-hand (If yes, list amount) $		
Assets held in another state or foreign country		
Other (please explain):		
2. Have you or any other member(s) of the household received any lump sum payments, such as:		
Inheritance		
Lottery winnings		
Insurance settlements		
Other (please explain):		
3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?		
4. Do you or any other household members have any assets that are held jointly with another person?		

	YES	NO
C. Deductions:		
1. Are there any full-time students 18 years of age or older in the household?		
2. Does any household member qualify for an elderly deduction (age 62 or older or a person with disabilities)?		
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled only)?		
4. Do you have disability expenses that are not paid for by an outside source?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
5. Do you have attendant care expenses?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?		
If yes, is this service necessary in order for you to be employed or to attend school?		
If yes, are any of these expenses reimbursed by an outside source?		

I do hereby certify on _____/_____/_____, under penalty of perjury that the information provided on this form is true and accurate to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of within two (2) years and that I have no other assets than those listed on this form (other than personal property *not* held as an investment). I understand that the management agent will verify all income and assets with my respective employer, agency, banking institution or other agent that may be necessary to determine my eligibility.

_____	_____	_____/_____/_____
Applicant/Resident Signature	Applicant/Co-Resident Signature	Date
_____	_____	
Printed Name of Applicant/Resident	Printed Name of Applicant/Co-Resident	

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.