

HSH Permanent Housing Application

Form E: Asset Certification [to be completed by Client and Staff]

Section 1. Asset Questionnaire

#	Asset	Yes	No	Cash Value
1	Checking Account(s). I have a checking account(s).	<input type="checkbox"/>	<input type="checkbox"/>	
	List bank(s):			
	1.			\$
	2.			\$
2	Savings Account(s). I have a savings account(s).	<input type="checkbox"/>	<input type="checkbox"/>	
	List bank(s):			
	1.			\$
	2.			\$
3	Cash. I have cash on hand.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	EBT, Debit Visa, MasterCard Account(s). I have an EBT, Direct Express, Debit Visa, MasterCard account(s). Including Social Security wages, Unemployment, Public Assistance, Disability, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
	List sources(s) of income being received/type of account(s):			
	1.			\$
	2.			\$
	3.			\$



#	Asset	Yes	No	Cash Value
5	Stocks, Bonds, or Treasury Bills(s). I own stocks, bonds, or Treasury Bills. List sources/bank name(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
6	CD(s) or Money Market Account(s). I have a Certificate of Deposit (CD) or Money Market account(s). List sources/bank name(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
7	Retirement Accounts. I have an IRA/401K/Lump Sum Pension/Keogh or other retirement account(s). List sources/bank name(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
8	Life Insurance. I have a whole life insurance policy. How many policies?	<input type="checkbox"/>	<input type="checkbox"/>	
				\$
9	Trust. I have a revocable trust(s). List bank(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$



#	Asset	Yes	No	Cash Value
10	Real Estate. I own real estate.	<input type="checkbox"/>	<input type="checkbox"/>	
	Provide description:			\$
11	Assets Disposed. I have disposed assets (i.e. gave away money or assets) for less than the fair market value in the past 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	
	List items and date disposed:			
	1.			\$
	2.			\$
3.	\$			
Total Assets [to be completed by Staff]:				\$

Section 2. Certifications		
Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. I, the undersigned further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.		
Printed Name of Client:		
Signature of Client:		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date:

Section 3. Declaration of Zero Assets [optional]		
I have reviewed the Asset Questionnaire and I declare that I do not possess any of the assets listed in Section 1, lines 1-11 or any other assets.		
Printed Name of Client:		
Signature of Client:		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date: