



Asset Checklist

Name: _____

Date: _____

Instructions: At initial certification and each annual reexamination, complete the questions about net family assets for the next 12 months.

Type of Asset	Yes or No	Date Verified
1. a. Does your family have cash: in a checking account? in a savings account? in a safety deposit box? at home? anywhere else? b. Verification source: Amount of cash held by family _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
2. a. Do you have trust funds available to your family? b. Verification source: Amount and source of trust funds: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ / _____ / _____
3. a. Do you own any real estate? a house? equity in a rental property? land? b. Do you owe any debt on the real estate? c. Verification source: Fair market value, debt, and cost to dispose of real estate _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
4. a. Do you own any investments such as stocks? bonds? mutual funds? treasury bills? money market funds? certificates of deposit? annuity? b. Verification source: Value and cost to dispose of investments _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
5. a. Are you vested in any retirement, 401k or pension funds? b. Verification source: Value and terms of retirement or pension funds _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ / _____ / _____ _____ / _____ / _____



6. a. Do you expect to receive any lump sum receipts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ / ____ .
Type of Asset	Yes or No	Date Verified
b. If yes, describe type and amount of lump sum receipts: _____ . _____ . c. Verification source: Lump sum receipts _____ . _____ .		____ / ____ / ____ .
7. a. Are you holding any personal property as an investment? coins? stamps? automobiles? collectibles? b. Verification source: Value of personal property held as investment _____ . _____ .	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ / ____ . ____ / ____ / ____ . ____ / ____ / ____ . ____ / ____ / ____ .
8. a. Do you own a "whole life" insurance policy? b. Verification source: Value and terms of whole life policy: _____ . _____ .	Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ / ____ . ____ / ____ / ____ .
9. a. Have you disposed of any assets for less than fair market value in the past two years? b. Verification source: Date and amount of assets disposed: _____ . _____ .	Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ / ____ . ____ / ____ / ____ .

Applicant / Resident Certification

I hereby certify that I have answered the questions on this checklist truthfully and that the deductions listed on the form represents all the income deductions available to my household.

Head of Household Name
 Head of Household Signature
 PHA Witness