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1784 Hamilton Road | Okemos MI 48864 | Phone 517-347-2001 | Fax 517-347-2010 | pkhousing.com

INCOME /ASSET VERIFICATION CHECKLIST (RD/TC)

V09-2015

A separate form must be completed by each household member who is 18 years or older.

Name:	Unit Number:	Phone #:
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	YES	NO	COMPLETE EACH ITEM
1			I am a citizen of the United States or permanent legal resident.
2			I am presently a student, __ Full time, __ Part time, where? _____
3			I was a student sometime during the past 12 month period or anticipate becoming a student at some time during the upcoming 12 month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the business or companies that pay you) _____
5			I am self-employed or operate my own business. (List the types of jobs you do). _____
6			I earn income from periodic, temporary, seasonal or contractual employment/work.
7			I receive Social Security (SS) or Rail Road Retirement Act Income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income from family member(s) age 17 or under (example: SS, trust fund disbursements)
11			I receive periodic payments from retirement funds or pensions.
12			I receive disability or death benefits other than Social Security
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts, including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive Unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity or inheritance.
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, or other types of, winnings.
21			I receive adoption assistance payments
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement. How many? _____
27			I receive long term care insurance payment that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe: _____
29			I receive student financial assistance. (does not include student loans).



This institution is an equal opportunity provider and employer TDD # 711



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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CHILD SUPPORT			
30			I receive child support. If yes, from how many people do you receive support? _____ If yes, is child support paid directly to DHS? __ Yes, __ No
31			I have been awarded a judgement for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipated filing a claim for child support in the next 12 months.
ASSETS			
33			I have a savings account at: _____ (list name(s) of institution)
34			I have a checking account at: _____ (list name(s) of institution)
35			I have certificates of deposit at: _____ (list name(s) of institution)
36			I have a prepaid card, debit card, or pay card on which funds from SS, SSI, Child Support, or other agency are directly deposited. If yes, how many? _____, from who? _____
37			I have Cash held in my home or in a safety deposit box. \$(_____) Please specify amount.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have Stocks.
41			I have Bonds.
42			I have mutual funds or securities.
43			I have an IRA, 401K or Keogh account at: _____ (list name(s) of institution)
44			I have time certificate(s) at: _____ (list name(s) of institution)
45			I own real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have a land contract. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, how many? _____
51			I have personal property held for investment purposes. (gems, jewelry, collections, etc.)
52			I have lump sum receipts or one-time receipts.
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes such as, power of attorney. These other persons do not own the assets & receive no income from the assets.
54			I have joint ownership on one of more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____



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	YES	NO	COMPLETE EACH ITEM
ALLOWANCES / DEDUCTIONS			
-			I am eligible for "elderly status", being that, I am at least 62 years of age or disabled.
57			I am eligible for "elderly status", and pay Medicare premiums.
58			I am eligible for "elderly status", and pay medical insurance premiums other than Medicare.
59			I am eligible for "elderly status", and pay medical or prescription expenses which are not reimbursed by insurance.
60			I am eligible for "elderly status", and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			DHS pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pay __ Full, __ Partial
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
65			I have provided proof of Social Security number (or certification) for all household members five (5) years of age and older. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
DISPOSAL / DIVESTITURE OF ASSETS			
66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. INITIAL the YES column or the NO column at left. If YES, list item(s) and date(s): _____</p> <p><i>Assets include cash (totaling excess of \$999), cash held in savings/checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement & pension funds, lump sum receipts, & personal property held as an investment. Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

Tenant / Applicant Signature

Date



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