



# ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Head of Household Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Please complete **one** of the following sections (A-C), whichever is most applicable to your entire household. Then proceed to Section D to complete the remainder of the form.

**Section A: NO ASSETS:** I/we do not have any assets at this time based on the net family asset definition in 24 CFR 5.603.

**Section B: ASSET SELF-CERTIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE LESS THAN \$50,000)**

*(By self-certifying this information, I am not required to provide the statements as proof.)*

Household Member Name	ASSETS CATEGORIES: Checking, Savings, Mutual Funds, Money Market, Equity in Rental Property, Retirement & Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	PREPAID DEBIT CARD TYPES: Direct Express, Net Spend, CashApp, Meta Bank, ACE, EBT, EppiCard, Relicard, Payroll Deposit Card, etc.		
		\$	\$
		\$	\$
		\$	\$
	DISPOSED ASSETS: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$

**Section C: ASSET VERIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE GREATER THAN \$50,000)**

I/we certify that I/we have assets with a combined value greater than \$50,000. I/we understand that I/we are required to provide HACP with verification of all assets.

## Section D: SIGNATURE(S)

***This part of the form is required for all household members age eighteen (18) or older.***

A family that knowingly submits false information is subject to a civil penalty, plus damages under the False Claims Act (31 U.S.C. 3729). By signing below, I/we do hereby swear under penalty of perjury that I/we have reported all of the assets available to me and/or any member of my household. I/we understand that failure to report these items and/or to provide any applicable documentation of assets could be subject to termination from the Housing Choice Voucher Program, or result in termination of the Public Housing rental lease agreement (whichever is applicable).

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date