

OAKLAND HOUSING AUTHORITY
Income and Asset Statement

The Person listed below MUST complete this form. Client#: _____ Rx Month: _____

Name: _____ SSN: _____

All income and assets must be reported and considered in the determination of continued eligibility for housing benefits.

Do You Receive Income From These Sources? Mark [X] "YES" or "NO" to All:

YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Job/Wages		General Assistance		Child Support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tip/bonuses or Commissions		Workman's Comp/Disability		Alimony
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-Employed		TANF/Cal Works		Annuities or non-revocable trust
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cash Gifts/Loans		SSI		Dividends from Investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Retirement/Pensions		SSA		Payments from Investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Veteran Benefits		SSA or SSI for Minor		Income from rent or sale of property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Military Pay		Unemployment		Other _____

If you answered "YES" to any of the above, complete the information below and provide current verification. (See Attached Form)

• Department of Social Services Eligibility Worker's Name: _____ Case#: _____

Address: _____ City/State/Zip: _____ Telephone#: _____

• Employer(s) Name(s): _____ Telephone#: _____

Address: _____ City/State/Zip: _____

• Employer(s) Name(s): _____ Telephone#: _____

Address: _____ City/State/Zip: _____

• Employer(s) Name(s): _____ Telephone#: _____

Address: _____ City/State/Zip: _____

• Other (s) Name(s): _____ Telephone#: _____

Address: _____ City/State/Zip: _____

DO YOU OWN ANY OF THESE ASSETS? Mark [X] "YES" or "NO" to All:

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	House, Condo, Mobile Home, Real Estate		Mutual Bonds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IRA (Individual Retirement Account)		Treasury Bills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Life Insurance Policies		Stocks/Bonds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Checking Account(s)		Certificate of Deposits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Savings Account(s)		Business Ownership/Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Money Market Funds		Real Estate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cash held in safety deposit box or home		Trust Fund
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Assets held in another state or foreign country		Other Assets (Explain): _____

YES NO

[] [] Have you disposed of any asset (s) for less than the fair market value in the past two (2) years?

[] [] Do you have any assets that are held jointly with another person.

If you answered YES to any of the above, complete the information below. Current verification MUST be provided for all accounts.

Bank Name: _____ Acct#: _____ Type of Account: _____

Address: _____ City/State/Zip: _____

Bank Name: _____ Acct#: _____ Type of Account: _____

Address: _____ City/State/Zip: _____

Bank Name: _____ Acct#: _____ Type of Account: _____

Address: _____

Name: _____ Acct#: _____ Type of Account: _____

Address: _____ City/State/Zip: _____

Name: _____ Acct#: _____ Type of Account: _____

Address: _____ City/State/Zip: _____

If any person in your household including a minor child receives the following types of income: wages, subsidized childcare, foster care, adoption assistance, grants, scholarships, food stamps etc... current verification must be submitted. Wages from minor children will not be used to calculate your portion of the rent. This income is excluded as well as other specific income. Reporting excluded income is a Federal requirement through the department of Housing and Urban Development (HUD). The Housing Authority is required to report the income but it is not included in your rent portion.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your recertification forms contains any false or incomplete information, you, may be:

- Terminated from the program
- Required to repay al overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to five years
- Prohibited from receiving future assistance

By signing below I am certifying that I have completed the asset and income form and that the answers that I have given are true and complete.

Signature _____

Date _____