

**Ohio Housing Finance Agency
Office of Program Compliance**



Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name _____

S.S. # (last 4 digits) _____

Document Yes answers with third party verification.

Date _____

<u>Income Source</u>	I have or I receive the following: (Check YES or NO)				Monthly Amount	Notes
Job 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Job 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Self Employment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Social Security	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
TANF / AFDC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Workers Compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____

Do you currently receive Assistance with your housing payment?

Yes No

If yes; Agency Name: _____

Do you **HAVE** court-ordered or an agreement for child support or alimony?

Yes No

(This means there is an order for you to receive child support or alimony, not pay support to someone else)

ORDERED AMOUNT
\$ _____

Are you currently receiving child support or alimony?

Yes No

AMOUNT RECEIVED
\$ _____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made?

Yes No

List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning?

Yes No

If you answered yes to the above question, are you over the age of 23 AND have at least one dependent child?

Yes No

Are you now or do you anticipate becoming a full-time student within the next 12 months?

Yes No

If you answered Yes to being or anticipating becoming a full-time student, answer below as applicable:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| I. Receiving assistance under Title IV of the Social Security Act – (e.g.TANF) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| II. Previously under the care and placement responsibility of the local county children services agency (i.e. foster care) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| III. Enrolled in a government-sponsored job training program | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| IV. Married and eligible to file a joint income tax return | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| V. A single parent household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Unit # _____

Applicant / Tenant Initials _____



Asset Source

Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	6 month Avg. Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the box?			Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Personal Property held as Investment? **			Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$ _____
Current Status/Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away						

Notes: _____

<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When _____	Amount _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have life insurance policies? (Whole or Universal only)	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive regular or periodic payments from persons not living in the unit, trust, annuity, or other claims? (List any item not shown on page 1)	Holder/Provider _____	Frequency _____	Amount	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items: _____			Date:	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)? If yes, please provide:	Type _____	Value \$ _____	Where Held _____	Annual Yield _____
			Type _____	Value \$ _____	Where Held _____	Annual Yield _____
			Type _____	Value \$ _____	Where Held _____	Annual Yield _____

Total Of Net Family Assets \$ _____ **(Total Value of Assets Listed Above)**

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature Of Applicant / Lessee

Date

Owner/Management Agent Signature

Date



DeerCreek Village Apartments

450 Kristina Drive #2C
Bellefontaine, OH 43311

Phone (937) 592-8000
Fax (937) 592-8001

deercreek@earthlink.net

ADDRESS/ALIAS CERTIFICATION

Please list your current address plus your previous two addresses.

Current Address:

1. _____

Previous Addresses:

2. _____

3. _____

If you have been known by any names other than that listed on the Application Form, please note them below (include maiden names or previous married names). If you have not, please note "N/A".

1. _____

2. _____

3. _____