

INCOME/ASSET VERIFICATION STATEMENT

FACILITY NAME: _____
 RESIDENT'S NAME: _____
 UNIT # _____

INCOME/ASSET DOCUMENTATION:

I/We (resident) have furnished to the project owner/manager in support of our income verification the following documents:

<u>Verification of all annual income</u> (as defined by instructions)	<u>Effective Date</u> <u>of Document</u>	<u>INCOME</u>
Tax Return Form	_____	\$ _____
Social Security benefit	_____	\$ _____
Pension benefit	_____	\$ _____
Retirement fund benefit	_____	\$ _____
Disability pay or benefits	_____	\$ _____
SSI benefit	_____	\$ _____
Welfare payments	_____	\$ _____
Recurring monetary contributions or gifts (to include regular family support)	_____	\$ _____

<u>Income from Assets</u>	Acct. Value		
Savings Account	\$ _____	_____	\$ _____
Checking Account	\$ _____	_____	\$ _____
CD's, money market funds	\$ _____	_____	\$ _____
Stocks, bonds, treasury bills	\$ _____	_____	\$ _____
IRA account	\$ _____	_____	\$ _____
Equity in real property	\$ _____	_____	\$ _____
Revocable Trust	\$ _____	_____	\$ _____
Surrender value of whole life or Universal insurance policy	\$ _____	_____	\$ _____

*Cash on hand listed on the tenant questionnaire must be included as an asset, but does not require verification.

I/WE agree to keep the above furnished documents for a period of at least one year after signature date, and if asked to do so will make them available to Oregon Housing & Community Services during their annual visit.

Resident Signature

Date

Resident Signature

Date

I acknowledge that I have indeed seen the above income/asset forms used to determine resident eligibility. Based upon these forms, to the best of my knowledge the income/asset amounts stated on the VERIFICATION OF INCOME PART A AND B are correct.

Manager's Signature

Date