

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP) INCOME AND ASSET CERTIFICATION



The Housing and Community Development Department utilizes Part 5 annual income to determine household annual income and eligibility to receive assistance. Income is not solely determined by your employment or benefit income. Income calculations also include your checking, savings, investment and retirement accounts plus any other income you might receive, such as child support, recurring gifts, etc. The table below lists income and asset documentation that will be required for a complete application, if it is applicable. (This list may not be all inclusive). This form must be completed for anyone in the household 18 years of age or older if they are receiving any form of income or have any assets.

Program				Application #			
Applicant Name:		Co-Applicant Name:					
Is this form being completed for a listed household member:		Yes No		If YES, list HH Name:			
Home Address		City		State		Zip Code	

Please select all sources of income that apply to you and the frequency. If a source of income does not apply to you please select "N/A"

Identify income from any of the following sources, including periodic payments:	Monthly	Twice a month	Bi-weekly	Weekly	Other
Salary	N/A				
Overtime Pay	N/A				
Commissions/Fees	N/A				
Tips and Bonuses	N/A				
Salary from 2nd job	N/A				
Temporary Income	N/A				
Income from Military	N/A				
Interest/Dividends	N/A				
Business Net Income	N/A				
Net Rental Income	N/A				
Social Security	N/A				
Supplemental Security Income	N/A				
Pension	N/A				
Retirement Funds	N/A				
Familial Support	N/A				
Unemployment Benefits	N/A				
Workers' Compensation	N/A				
Alimony	N/A				
Child Support (Select Type) Anticipated Voluntary Court Ordered (regardless if paid)	N/A				
AFDC/TANF	N/A				
Welfare Assistance for Rent	N/A				
Full-time student employment income - \$480 max	N/A				
Adoption Subsidy - \$480 per adopted child max	N/A				
Other: Explain: _____	N/A				

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Please select all accounts that apply to you.

Identify All Asset Sources			Name of Financial Institution (Please also include the last four digits of the account number next to the financial institution: Example Chase #0134, Bank of Texas #9876)
Checking account	Yes	No	
Additional Checking Account(s)	Yes	No	
Savings Account	Yes	No	
Additional Savings Account(s)	Yes	No	
Credit Union Account	Yes	No	
Stocks, Bonds, Mutual Funds*	Yes	No	
Cryptocurrencies	Yes	No	\$
Real Estate or Home	Yes	No	
IKA/Kwogh Account(s)	Yes	No	
Retirement/Pension Fund(s)*	Yes	No	
Trust Fund(s)	Yes	No	
Mortgage Note Held	Yes	No	
Whole Life Insurance Cash Value	Yes	No	
Real Estate/Land*	Yes	No	
Other:	Yes	No	
Explain: _____			

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant
Head of Household - Printed Name

Applicant
Head of Household - Signature

Date

Co-Applicant
Printed Name (If Applicable)

Co-Applicant
Signature (If Applicable)

Date

Household Member
Printed Name (If Applicable)

Household Member
Signature (If Applicable)

Date