

# Kathy Richards Management



the  
"CAREtakers"

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Hurley, WI 54534

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[www.kathyrichards.com](http://www.kathyrichards.com)

Equal Housing Opportunity

**This institution is an equal opportunity provider and employer.**

201 South Curry Street  
Ironwood, MI 49938  
(906) 932-5500



## DISPOSAL OF ASSETS CERTIFICATION

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TEL.#: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 DEVELOPMENT NAME: \_\_\_\_\_  
 APPLICANT/RESIDENT: \_\_\_\_\_  
 RE: \_\_\_\_\_

I hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation, I have disposed of the following asset(s) as identified below, (i.e., sold home, closed accounts, sold stock)

A ASSET	B CASH VALUE*	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED

If you state in column D that you received money, where is the money now? *(Please provide receipts if possible)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* CASH VALUE is the market value of asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity
2. Broker/legal fees for the sale or conversion of assets
3. Settlement costs for real estate transaction

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, and any owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208(a) (6) (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC Section \*\*408 (a) (6) (7) and (8).\*\*

TDD NUMBERS: Michigan 800-649-3777  
Wisconsin 800-947-3529

Illinois 800-526-0857

Ohio 800-877-8339  
Indiana 800-743-3333

**OFFICE USE ONLY:**



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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