

Kathy Richards Management

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Equal Housing Opportunity

This institution is an equal opportunity provider and employer.



the
"CAREtakers"



LESS THAN \$5,000 OF ASSETS AFFIDAVIT / ZERO ASSET CERTIFICATION

Project Name _____ Project City & State _____ Apt.# _____

Resident/Applicant Name _____ Date _____

I, duly state that the total cash value of all of my assets as of (date _____) is:

ASSET TYPE	CASH VALUE	ESTIMATED ANNUAL INCOME FROM ASSETS
1. Checking	\$	\$
2. Savings	\$	\$
3. CDs	\$	\$
4. Stocks/Bonds/Mutual Funds	\$	\$
5. IRAs/Pensions/KEOGH Accounts/401K	\$	\$
6. Real Estate/Land Contracts	\$	\$
7. Annuity	\$	\$
8. Money Markets	\$	\$
9. Whole Life Insurance Policies	\$	\$
10. Lump Sum Received in the Past Two Years	\$	\$
11. Other Investments	\$	\$
TOTAL	\$	\$

Have you disposed of any assets (i.e. given away money/assets) for less than fair market value in the past two years?
(Circle One) YES NO

II. I/We do not have any assets at this time.

Asset: For purposes of qualifying for a tax credit set-aside apartment, the assets that are counted towards income eligibility are all assets that are not of a personal nature, (i.e., family car, furniture, weddings rings). All other assets need to be included.

Cash Value: Balance after any costs incurred from converting the asset(s) to cash have been subtracted. (Example: Broker's fees, mortgage balances, and closing costs are subtracted from the sale price of real estate).

(OVER)

034-10/10

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

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank"

Subscribed and sworn to before me under oath this _____ day of _____ Year _____

Signature of Notary Public

Notary Public, State of _____ My commission expires _____, Year _____

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).**

PLEASE RETURN THIS FORM TO:

FAX _____

PHONE _____

DATE _____

034-9/10

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.