

Kathy Richards Management

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Equal Housing Opportunity

This institution is an equal opportunity provider and employer.

201 South Curry Street

Ironwood, MI 49938

(906) 932-5500



the
"CAREtakers"



INCOME CHECKLIST

Date _____

Complete a separate form for each household member who is 18 or older.

NAME: _____ TELEPHONE: _____

Project Name _____ Unit number _____

YES NO

- ____ ____ I am a citizen of the United States or a permanent legal resident.
- ____ ____ I am a full-time student.
- ____ ____ I expect to be a full-time student.
- ____ ____ I am self-employed. (List the type of jobs.) _____
- ____ ____ I have a job and receive money/wages, tips or bonuses. (List the types of jobs you do.) _____
- ____ ____ I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
- ____ ____ I receive periodic payments from Workers' Compensation.
- ____ ____ I receive GI Bill benefits.
- ____ ____ I receive Veterans' Administration benefits.
- ____ ____ I receive military active duty allotments.
- ____ ____ I receive Supplemental Security Income (SSI).
- ____ ____ I receive Social Security or Rail Road Retirement Act income.
- ____ ____ I receive unearned income from family members age 17 or under (example: Social Security).
- ____ ____ I receive payments from Family Independence Agency or the State for the State-paid portion of SSI or other state programs.
- ____ ____ I receive adoption assistance payments.
- ____ ____ I receive disability or death benefits other than Social Security.
- ____ ____ I receive Public Assistance.
- ____ ____ I receive unemployment benefits.
- ____ ____ I receive child support. If yes, from how many parents do you receive support?
____ If yes, is child support paid directly to FIA or your state agency?
- ____ ____ I have been awarded a judgment for child support but have not been receiving payments.
- ____ ____ I anticipate or plan to take legal action on an unpaid child support claim within the next twelve months.
- ____ ____ I receive periodic payments from trust, annuity or inheritance.
If yes, from how many sources? ____
- ____ ____ I receive periodic payments from insurance policies. If yes, how many policies? ____
- ____ ____ I have whole life or universal life insurance policy(ies).
If yes, how many policies? ____
- ____ ____ I receive periodic payments from retirement funds or pensions.
If yes, how many funds or pensions? ____
- ____ ____ I receive periodic payments from lottery winnings
- ____ ____ I receive income from rental of real estate or personal property.
- ____ ____ I have revocable trusts. If yes, how many trusts? ____

(over)

YES NO

- ___ ___ I have lump sum receipts or one time receipts.
___ ___ I am a member of an Indian Tribe receiving gaming payments.
___ ___ I have land contracts. If yes, how many? ____
___ ___ I own real estate. If yes, how many? ____
___ ___ I have a mortgage or deed of trust.
___ ___ I own a mobile home.
___ ___ I have savings bonds. If yes, how many? ____
___ ___ I have personal property held for investment purposes (gem, jewelry, coin or stamp collections, etc.)
___ ___ I have savings account(s) at: _____

List names of bank, credit unions, savings & loans
___ ___ I have checking account(s) at: _____

List names of banks, credit unions, savings & loans
___ ___ I have time certificate(s) at: _____
___ ___ List names of banks, credit unions, savings & loans
___ ___ I have certificates of deposit at: _____

___ ___ I have IRA's or Keogh account(s) at: _____

___ ___ I have Treasury Bills. If yes, how many? ____
___ ___ I have stocks.
___ ___ I have mutual bonds.
___ ___ I have bonds.
___ ___ I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. If yes, list items and date:

___ ___ I pay Medicare premiums.
___ ___ I pay medical or prescription expenses which are not reimbursed by insurance.
___ ___ I pay childcare expenses (in order to be gainfully employed or to further education). Child must be under the age of 12 years.
___ ___ I pay handicap care expenses for disabled family member, which is not covered by insurance.
___ ___ I have a family member who is 17 years of age or younger who has unearned income. (Example Social Security)
___ ___ I have income/assets from sources other than those listed above.
___ ___ I have provided proof of Social Security number for all household members five years of age and older. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS ARE TRUE, AND WHEN CIRCUMSTANCES CHANGE I WILL NOTIFY THE RESIDENT MANAGER FOR POSSIBLE RECERTIFICATION. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL RESULT IN DENIAL OR TERMINATION OF BENEFITS.

Signature

Date

813-9/10