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LESS THAN \$5,000 OF ASSETS AFFIDAVIT

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

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

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

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.*)

YES NO Have you disposed of any assets (ie. given away money/assets) for less than fair market value in the past two years? *If yes, please complete "Disposal of Assets Certification" form #202.*

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

Under penalties of perjury, 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

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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