



Stable. Safe. Supportive.

ASSET CERTIFICATION

Exhibit E

[Complete only one form per household; include assets of children.]

Household Name: _____

Subject Property: _____

Complete all that apply for 1 through 3: (ALL QUESTIONS MUST BE COMPLETED)

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

1. My/our assets include:

Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Acct.				Checking Acct.			
Cash on Hand				Safety Deposit Box			
Certificates of Deposit				Money market funds			
Stocks				Bonds			
IRA Acct.				401K Accts.			
Keogh Acct				Trust Funds			
Equity In real estate				Land Contracts			
Lump-sum receipts				Capital investments			

Value of Life Insurance Policies (excluding Term Life)*	\$
Additional Retirement/Pension Funds (not named above)*	\$
Value of Personal Property Held for Investment**	\$
Other Assets (not included above)	\$

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be accessible to you. Include only those amounts, which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$_____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

The net family assets (as defined in 24 CFR 813.102) above, (check one): do ___ do not ___ exceed \$5,000 and the annual income from the net family assets is \$_____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident _____ Date _____

Applicant/Resident _____ Date _____