SWORN STATEMENTS OF ASSETS

(For households whose <u>combined</u> net assets do not exceed \$5,000. Complete only <u>one</u> form per household; include assets of children.)

Househ	old Name:					Unit No	0
Develop	oment Name:						
Complete	e all those which ap	pply for 1 thr	u 4:				
1.	My/our assets	include:					
Cash Value		Total		Cash Value*	Int. Rate	Total	
\$		\$	_ Savings Account	\$		\$	_ Checking Account
\$		\$	_ Cash on Hand	\$		\$	_ Safety Deposit Box
\$		\$	_ Certificates of Deposit	\$		<u>\$</u>	_ Money market funds
\$		\$	_ Stocks	\$	<u> </u>	<u>\$</u>	_ Bonds
\$		\$	_ IRA Accounts	\$		\$	_ 401 K Accounts
\$		\$	_ Keogh Accounts	\$	_	\$	_ Trust Funds
\$		\$	_ Equity in real estate	\$	_	\$	_ Land Contracts
\$		\$	_ Lump Sum Receipts	\$	_	\$	_ Capital investments
\$		\$	Life Insurance Policies	(excluding Te	erm)		
\$		\$ Other Retirement/Pension Funds not named above:					
\$	\$ Personal property held as an investment**:						
\$		\$	Other (list):				
	within the pas \$1,000 below	essarily limite st two (2) yo their fair m	d to, household furniture, daily-u	se autos, clothing en away asset those amoun	g, assets of an ts (includin ts* are her	ag cash, real e	Do not include necessary person s, or special equipment for use by estate, etc.) For more than \$ (*the
3. □	I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) For less than fair market value during the past two (2) years.						
4. □	I/we do not have any assets at this time.						
is \$	·	This amou	24 CFR 813.102) above do not is included in total gross a statement and swear or affi	annual incom	e .		ne from the net family assets
	Applicant/Residen	ıt	Date		Ipplicant/Resi	ident	Date
	to before me and e thisda					nd subscribeday of	d in my
Signatu	re of Notary Pu	blic		Signature of	of Notary P	Public	
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Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

WARNING: