

Housing Authority of Murray
QUESTIONNAIRE OF INCOME & ASSETS

Name: _____ Phone Number: _____

1. **DO YOU OR ANY HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING?**

- Checking Accounts..... Yes No
- Savings Accounts..... Yes No
- Money Market Funds..... Yes No
- Trusts..... Yes No
- If Yes, Is the Trust irrevocable?*..... Yes No
- IRA-KEOGH or other company retirement accounts..... Yes No
- Stocks / Bonds..... Yes No
- Certificates of Deposit..... Yes No
- Real Estate, Buildings or Structures of any kind..... Yes No
- Equity in Rental Property or other Capital Investments..... Yes No
- Personal Property Held as an Investment..... Yes No
- Other Accounts..... Yes No
- Cash Held (Safety Deposit Boxes, etc.)..... Yes No
- Deferred Income (401K, etc.)..... Yes No
- Life Insurance Policy..... Yes No

2. **HAVE YOU OR ANY HOUSEHOLD MEMBER RECEIVED ANY LUMP SUM PAYMENTS?**

- Inheritances..... Yes No
- Lottery Winnings..... Yes No
- Insurance Settlements (Health, Accident, Workers Compensation)..... Yes No
- Capital Gains..... Yes No
- Social Security Back Payments..... Yes No
- Unemployment Back Payments..... Yes No
- Other (Please List) _____ Yes No

3. **HAVE YOU OR ANY HOUSEHOLD MEMBER DISPOSED OF ANY ASSETS FOR LESS THAN FAIR-MARKET VALUE IN THE PAST TWO YEARS?**

Yes No

4. **DO YOU HAVE ANY ASSETS HELD JOINTLY WITH ANOTHER PERSON?**

Yes No

5. **DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING TYPES OF INCOME?**

- Retirement Funds..... Yes No
- Pension..... Yes No
- Annuities..... Yes No
- Disability or Death Benefits..... Yes No
- Social Security Benefits..... Yes No
- SSI..... Yes No
- SSD..... Yes No
- K-TAP/SNAP..... Yes No
- Child Support..... Yes No
- Maintenance-Alimony..... Yes No
- Unemployment Benefits..... Yes No
- Wages From Employment..... Yes No
- Workman's Compensation..... Yes No
- Other (Please List) _____ Yes No

6. **DO YOU RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTIONS FROM PERSONS OUTSIDE YOUR HOUSEHOLD?**

- Utilities..... Yes No
- Groceries..... Yes No
- Clothing..... Yes No
- Miscellaneous Household Supplies..... Yes No
- Other (Please List)_____ Yes No

7. **ARE ANY HOUSEHOLD MEMBERS TEMPORARILY ABSENT?**..... Yes No

8. **ARE ANY HOUSEHOLD MEMBERS PERMANENTLY ABSENT?**..... Yes No

9. **DO YOU HAVE CHILD CARE EXPENSES THAT ENABLE YOU TO WORK OR CONTINUE YOUR EDUCATION?**..... Yes No

I/WE CERTIFY THAT THE INFORMATION PROVIDED TO THE HOUSING AUTHORITY OF MURRAY IN THIS QUESTIONNAIRE REGARDING INCOME, ASSETS, ALLOWANCES, AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF MY LEASE AND MAY ALSO RESULT IN CRIMINAL CHARGES BEING FILED AGAINST ME/US.

Head of Household

Date

Spouse / Co-Head

Date

Housing Authority Representative

Date