



Income Asset Worksheet

Section A - Household Composition

List yourself and all other persons who will live in the unit, including live-in aide.

Name	Social Security #	Relationship to Head of Household	Birth Date	Match-E-Be-Nash-She-Wish Tribal Citizen Yes/No
		Head of Household		Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Respond Yes or No to each question in Sections B, C, D and E with information for all household members.

Section B – Income

B1 YES NO A member of the household is employed. List all jobs below and gross amount earned.

Household Member	Employer	Employer's Address, City, State, Zip	Phone	Fax	Amount
1.					\$
2.					\$
3.					\$

If yes, attach the two (2) most recent pay stubs for each job.

B2 YES NO A member of the household is self-employed. If yes, describe _____
 How much per week? \$ _____

If yes, attach the prior year income tax documents and/or a notarized statement of income and expenses.

B3 **YES** **NO** A member of the household receives tips and/or bonuses.
 If yes, who: _____ How much per week? \$ _____
If yes, attach a signed affidavit declaring the amount.

B4 **YES** **NO** A member of the household receives unemployment benefits.
 If yes, who: _____ How much per week? \$ _____
 Last day worked _____ Date benefits began _____ Date benefits will end _____
If yes, attach the most recent award letter or payment stub.

B5 **YES** **NO** A member of the household receives monthly federal Social Security (SS), Supplemental Security Income (SSI) or State Disability Allowance (SDA). List state and federal separately.

Household Member	Type SS, SSI, SDA	Amount	Household Member	Type SS, SSI, SDA	Amount
1.			4.		
2.			5.		
3.			6.		

If yes, attach the most recent award letter. If it is not dated within the last 60 days or if you don't have one, you must call the Social Security Office (1-800-772-1213) or go on-line at www.socialsecurity.gov and request a currently dated proof of income letter.

B6 **YES** **NO** A member of the household receives GI Bill, military active duty allotments or Veterans Administration benefits.
 If yes, who: _____ Amount \$ _____ Per _____
If yes, attach the most recent check stub and/or award letter.

B7 A member of the household receives payments from retirement funds or pensions? **Yes** **No** **If yes, monthly amount:**

Household Member	Source	Source's Address, City, State, Zip	Phone	Fax	Amount
1.					
2.					

If yes, attach the most recent check stub and/or award letter.

B8 A member of the household receives workman's compensation, disability or death benefits **other than Social Security**. **Yes** **No** **If yes, monthly amount:**

Household Member	Source	Source's Address, City, State, Zip	Phone	Fax	Amount
1.					
2.					

If yes, attach the most recent check stub and/or award letter.

B9 A member of the household receives public assistance from DHS such as: grants, cash payments, food assistance or daycare.		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list monthly amount:
Program/Type of assistance	Amount	Program/Type of Assistance	Amount
1.		3.	
2.		4.	

DHS Caseworker Name: _____ DHS Case #: _____
Street Address: _____ Telephone: _____
City, State, Zip: _____ Fax: _____
Email address: _____

If yes, attach the most recent check stub and/or award letter.

B10 YES NO A member of the household receives adoption assistance or foster care payments.
 Please check which one you receive: **Adoption** or **Foster Care**

Household Member	Source	Source's Address, City, State, Zip	Phone	Fax	Monthly Amount
1.					
2.					

If yes, attach the most recent check stub and/or award letter.

B11 A member of the household is entitled to child support and/or alimony.

Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list monthly amount:			
Household Member	County	Child	Docket #	Court Award amount	Actual amount
1.					
2.					
3.					

YES NO Is child support paid directly to Friend of Court?

Friend of the Court Name: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____
E-mail address: _____ PIN#: _____

If yes, attach the payment disbursements printout for the past six (6) months.

B12 A member of the household receives periodic payments from a trust, lottery, annuity, inheritance or an insurance policy.

Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list yearly amount:				
Household Member	Account Type	Bank/Institution	Source's Address, City, State, Zip	Phone	Fax	Amount
1.						
2.						

If yes, attach the most recent check stub and/or award letter.

B13 **YES** **NO** A member of the household receives cash contributions, gifts or has bills paid on their behalf (includes rent, groceries, car payments or utility payments) on an ongoing basis from person(s) not living in the household. **If yes, list monthly amount:**

Person's Name	Describe Contribution(s)	Source's Name, Address, City, State, Zip	Phone	Fax	Amount
1.					
2.					

If yes, attach the most recent receipt, award letter or other documentation.

B14 **YES** **NO** A member of the household has income earned or unearned not previously listed. **If yes, list monthly amount:**

Household Member	Describe	Source's Address, City, State, Zip	Phone	Fax	Amount
1.					
2.					

If yes, attach the most recent documentation.

Section C – Assets

C1 **YES** **NO** A member of the household has assets such as, savings, checking, stocks, bonds, IRA's, CD's, treasury bills, mutual funds, 401K, Time Certificate, Keogh accounts, etc. **If yes, list account and current balance:**

Household Member	Account Type	Bank/Institution	Source's Address, City, State, Zip	Phone	Fax	Balance
1.						
2.						
3.						
4.						
5.						
6.						

If yes, attach the statement(s). For checking accounts send most recent two (2) months of bank statements.

C2 **YES** **NO** A member of the household owns real estate, a mobile home or has an interest in a land contract. Describe: _____

If yes, attach the most recent documentation.

C3 **YES** **NO** A member of the household receives income from rental of real estate or personal property. Describe: _____ Monthly Amount \$ _____

If yes, attach the most recent documentation.

C4 **YES** **NO** A member of the household receives income from Indian Trust Land or receives per capita payments.

Household Member	Tribe Providing Benefit	Annual Amount
1.		
2.		
3.		

If yes, please provide the most recent documentation.

C5 **YES** **NO** A member of the household has a life insurance policy with a cash surrender value.

Household Member	Insurance Company	Source's Address, City, State, Zip	Phone	Policy #	Amount
1.					
2.					

If yes, list source, balance and attach the statement(s).

C6 **YES** **NO** A member of the household has sold, given away, or otherwise transferred ownership of assets within the last two (2) years, valued over \$1,000 (do not include personal vehicle).
 List Items: _____ Sale Amount \$ _____

If yes, attach the documentation.

C7 **YES** **NO** A member of the household has income/assets from sources other than those listed above.

Household Member	Describe Company/Source	Source's Address, City, State, Zip	Phone	Fax	Amount
1.					
2.					

If yes, list source and balance of periodic payments from insurance policies and long term care insurance payments.

Section D - Expenses

D1 **YES** **NO** A member of the household has monthly Social Security payments reduced to pay for Medicare Insurance Premiums and are elderly (age 62 or older) or disabled.

Household Member	Amount Deducted Per Month
1.	
2.	

D2 **YES** **NO** If a member of the household is disabled, under the age of 62, and does not receive SSI, list the licensed doctor or psychiatrist who will verify the disability.

Household Member	Care Provider	Source's Name, Address, City, State, Zip	Phone	Fax
1.				
2.				

Section E - Other

E1 **YES** **NO** A member of the household is enrolled in a program or participates in a program where a service provider (qualified emergency shelter, transitional housing program, homeless services program, Section 8, TBRA, TSHLAP, Shelter Plus Care or Supportive Housing Program) are making ongoing rent payments to your landlord.

Household Member	Describe	Source's Name, Address, City, State, Zip	Phone	Fax	Amount
1.					
2.					

If yes, attach the most recent documentation.

Section F – Certification and Authorization to Release Information

Certification for Head of Household:

In addition to the above certification and authorization of release of information, I certify that only the people listed in **Section A, on page one** of this form will occupy the unit. I certify, to the best of my knowledge and belief, that the information contained regarding household composition, income, net family assets, and allowances is accurate and complete. I have been fully informed and understand that any false statements or omissions provided in connection with this form, to the Tribal Member Benefits Department, regardless of time of discovery, shall be grounds for termination of housing assistance benefits, termination of tenancy, and disqualification of future housing assistance benefits in accordance with Tribal Member Benefits Department policy.

As the Head of Household, I certify that only the people listed on my Lease Agreement will occupy the unit. I certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am receiving assistance from Gun Lake Tribe. I will not live anywhere else without notifying Gun Lake Tribe immediately in writing. I will not sublease my assisted residence.

I _____
 (Print Head of Household Name Above)

 (Signature Head of Household Above) Date _____

Certification for Adult Household Member, if applicable:

In addition to the above certification and authorization of release of information, I certify, to the best of my knowledge and belief, that the information contained regarding household composition, income, net family assets, and allowances is accurate and complete. I have been fully informed and understand that any false statements or omissions provided in connection with this form, to the Tribal Member Benefits Department, regardless of time of discovery, shall be grounds for termination of housing assistance benefits, termination of tenancy, and disqualification of future housing assistance benefits in accordance with Tribal Member Benefits Department policy.

 (Print Adult Household Member Name Above)

 (Signature Adult Household Member Above) Date _____

Certification for Adult Signatures below:

In addition to the above certification and authorization of release of information, I certify, to the best of my knowledge and belief, that the information contained regarding household composition, income, net family assets, and allowances is accurate and complete. I have been fully informed and understand that any false statements or omissions provided in connection with this form, to the Tribal Member Benefits Department, regardless of time of discovery, shall be grounds for termination of housing assistance benefits, termination of tenancy, and disqualification of future housing assistance benefits in accordance with Tribal Member Benefits Department policy.

 (Print Adult Household Member Name Above)

 (Signature Adult Household Member Above) Date _____

Certification for Adult Signatures below:

In addition to the above certification and authorization of release of information, I certify, to the best of my knowledge and belief, that the information contained regarding household composition, income, net family assets, and allowances is accurate and complete. I have been fully informed and understand that any false statements or omissions provided in connection with this form, to the Tribal Member Benefits Department, regardless of time of discovery, shall be grounds for termination of housing assistance benefits, termination of tenancy, and disqualification of future housing assistance benefits in accordance with Tribal Member Benefits Department policy.

 (Print Adult Household Member Name Above)

 (Signature Adult Household Member Above) Date _____

MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS