**UNDER $5000 ASSET SELF-CERTIFICATION**

(For households whose combined net assets do not exceed $5000; if over $5000, please provide proof)

(Complete only one form per household; include assets of children)

|  |  |
| --- | --- |
| Household Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Household Address: |  | Phone Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Account Holder**  | **Bank/Company** | **Account's Last Four Digits** | **Current Balance** | **Annual Interest Rate** |
| **Checking** |   |   |   |   |   |
| **Checking** |   |   |   |   |   |
| **Checking** |   |   |   |   |   |
| **Savings** |   |   |   |   |   |
| **Savings** |   |   |   |   |   |
| **Savings** |   |   |   |   |   |
| **Cash on Hand** |   |   |   |   |   |
| **Cash on Hand** |   |   |   |   |   |
| **Debit Card (Electronic deposit for SSA/SSI or Child Support Income)** |   |   |   |   |   |
| **CD's** |   |   |   |   |   |
| **IRA/Keogh/ 401k** |   |   |   |   |   |
| **Cash Surrender Value of Life Insurance** |   |   |   |   |   |
| **Other (Please specify):**  |   |   |   |   |   |

 Have you or any household member disposed, sold, or given away any asset(s) within the past 2 years?

[ ]  YES [ ]  NO

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

**I certify that the information given to the PHA on family assets is accurate and complete to the best of my knowledge. I understand that false statements or information is punishable by Federal Law. I understand that false statements or information are grounds for termination of housing assistance or termination of tenancy with the Regional Housing Authority of Sutter and Nevada Counties. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or Agency of the United States Government is guilty of a felony.**

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| --- | --- |
| Head of Household Signature | Date |