



CDBG PROGRAM ELIGIBILITY AND INCOME VERIFICATION

Income Calculations:

An average of household income is first calculated by determining the frequency of pay of each person. For CDBG programs 60 days of past income is required to complete this step.

- ◆ For one who is paid weekly, this would be eight consecutive paycheck stubs.
- ◆ For one who is paid bi-monthly (twice per month) or bi-weekly (every 2 weeks), this would be four consecutive paycheck stubs.
- ◆ For one who is paid monthly, this would be two paychecks stubs or a current social security letter.

Do not use bank statements to determine income. Do not accept paychecks without the stub detail. If paycheck stubs cannot be provided, an employment verification form may be completed, preferably by the employer or verified orally by phone directly through the case worker and documented in the client file. If these methods are not successful, the client may provide an Affidavit of Self Certification stating the income information they are providing is true and accurate to the best of their knowledge. The Affidavit does not have to be notarized but it must include the client's name, date, address, phone number, statement and signature. For exceptions made during this critical time, best practices are to document, document, document. This includes noting in the affidavit why original documentation or third-party verification could not be secured. HUD reports this documentation will help protect subrecipients during future monitoring reviews or audits.

Paid Hourly: Gross amount X

Paid Monthly: Gross amount X 12 = Annual Income

Paid Weekly: Gross amount X 52 = Annual Income

Paid Bi-Weekly (every 2 weeks): Gross amount X 26 = Annual Income

Paid Bi-Monthly (twice per month): Gross amount X 24 = Annual Income

Asset Calculations:

Checking accounts are considered an asset. To determine the current cash value of the checking account, add together the ending balance of the checking account for each month. Divide the total amount by the number of bank statements. This number is the average monthly checking account balance which should be documented as the "current cash value of asset" on the HIW form.

In order to qualify for assistance, the applicant's total household income must not exceed the applicable income limit based on the family size. HUD updates the annual income requirements each year online where the data sets are available at www.huduser.org.

2020 HUD INCOME LIMITS

FY 2020 Income Limit Area	Median Family Income <small>Explanation</small>	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Houston-The Woodlands-Sugar Land, TX HUD Metro FMR Area	\$78,800	Extremely Low Income Limits (\$)*) (30%)	16,600	18,950	21,720	26,200	30,680	35,160	39,640	44,120
		Very Low (50%) Income Limits (\$)	27,600	31,550	35,500	39,400	42,600	45,750	48,900	52,050
		Low (80%) Income Limits (\$)	44,150	50,450	56,750	63,050	68,100	73,150	78,200	83,250

Examples of Calculating Annual Income

Example 1

Family Members	Position in Family	Age	Income Sources
Ricky Ricardo	Head	80	Receives gross Social Security in the amount of \$625/month; receives a pension from the local musicians' union in the amount of \$25 every quarter (3 months).
Lucy Ricardo	Spouse	79	Receives gross Social Security in the amount of \$120/month; grossed \$4,200 for giving voice lessons last year, but paid business expenses of \$1,250 from this income for equipment and sound proofing.
Ricky Ricardo II	Child	45	Earns \$330/week as an interpreter for a local nonprofit organization.
Low Income Limit for a household of 3 is \$_____ and the Ricardo's have no other source of income, do they qualify for assistance? If so, what is the households LMI % _____			

ANTICIPATED ANNUAL INCOME

<i>Family Member</i>	<i>a. Wages/ Salaries</i>	<i>b. Benefits/ Pensions</i>	<i>c. Public Assistance</i>	<i>d. Other Income</i>	<i>e. Asset Income</i>
Ricky		\$ 7,600			
Lucy		\$ 1,440		\$ 2,950	
Ricky II	\$ 17,160				
Totals	a. \$17,160	b. \$9,040	c.	d. \$2,950	e. N/A
Enter total of items. This is Annual Income.					\$29, 150

The household is eligible for assistance.

Explanation:

Ricky	Ricky's entire income is composed of pensions and benefits. It equals \$625/month x 12 months/year + \$25/quarter x 4 quarters/year = 7,600.
Lucy	Lucy's benefits income is \$120/month x 12 months/year, or \$1,440. Her net income from her business was \$4,200-\$1,250, or \$2,950. (Her equipment and soundproofing expense is an allowable deduction because the business funds were re-invested in the business and did not represent expansion.)
Ricky II	Ricky II's income is wage income. The calculation is \$330/week x 52 weeks/year = \$17,160.

Example 2

Family Members	Position in Family	Age	Income Sources
Blanche Devereaux	Head	55	Works 6 hours/night, 4 nights/week at \$5.00/hour as waitress; also earns an average of \$55/night in tips.
Rose Nyland	Friend	48	Earns \$9.50/hour as a full-time nurse in a hospital and is paid bi-weekly; Receives \$100/mo. in Child Support.
Dorothy Sporac	Friend	54	Earns \$120/day as a substitute teacher, and works an average of 4 days/week for the 40 weeks school is in session; (last year she earned \$19,200) also received \$40/month in Food Stamps.
Under the CDBG Program, the Income Limit for a household of three is \$48,000. Does this household qualify for assistance? _____			

ANTICIPATED ANNUAL INCOME

<i>Family Member</i>	<i>a. Wages/Salaries</i>	<i>b. Benefits/Pensions</i>	<i>c. Public Assistance</i>	<i>d. Other Income</i>	<i>e. Asset Income</i>
Blanche	\$ 17,680				
Rose	\$ 19,760			1,200	
Dorothy	\$ 19,200				
6. Totals	a. \$56,640	b.	c.	d.	e. N/A
7. Enter total of items This is Annual Income					\$57,840

This household is not eligible for assistance.

Their income exceeds the limit for a household of three.

Explanation:

Blanche	Blanche's income must include both the wages and tips. She earns a total of \$85/night X 4 days/week = \$340/week gross income
Rose	Calculate the wages at \$9.50 an hour = \$380/week. Child Support counts as household income.
Dorothy	Dorothy made \$19,200 last year, and there is no reason to expect that she will work more or less often in the coming year. Her income is therefore, estimated at \$19,200. Food Stamps are an income exclusion.

Examples of Asset Calculations

<i>Family Members</i>	<i>Position in Family</i>	<i>Age</i>	<i>Family Assets</i>	<i>Asset Value</i>
Archie Bunker	Head	72	Checking account	\$595 average 2-month balance in a non interest-bearing account.
Edith Bunker	Spouse	73	Savings account	\$2,695 at 3.1%

When collecting bank account statements, you must collect all pages from the entire statement, not just the cover page. A negative bank balance is equal to zero \$.

Archie's Checking Account ending balances were \$297.50/January and \$892.50/February.

Edith's Savings Account balance is $\$2695 \times 3.1\% = \83.545 , rounded up is \$84

Assets			
<i>Family Member</i>	<i>Asset Description</i>	<i>Current Cash Value of Assets</i>	<i>Actual Income from Assets</i>
Archie Bunker	Checking Account	\$ 595	0
Edith Bunker	Savings Account	\$2,695	\$84
Net Cash Value of Assets		\$3,290	
Total Actual Income From Assets			\$84
If Net Cash Value of Assets is greater than \$5,000, multiply by 2% and enter results here, otherwise, leave blank			

The asset income to be used in the annual income calculation is \$84.

Explanation:

Use the actual income in this case, because the cash value of the Bunker's total assets is less than \$5,000. The imputed income is only calculated for assets when the total cash value of all assets exceeds \$5,000.

**EMPLOYER**

Leo's Ice Cream Shop
123 South Main St.
Hometown, ID 83777

EMPLOYEE

Oliver Foster
123 W. Front St.
Boise, ID 83702

PAY PERIOD

Period Beginning: 3/19/2020
Period Ending: 3/25/2020
Pay Date: 3/27/2020
Total Hours: 20.00

BENEFITS	Used	Available
Sick	5.0	90.00
Vacation	5.0	99.00

NET PAY: \$428.08

MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	5.00	25.00	125.00	125.00
Overtime Pay	5.00	50.00	250.00	250.00
Sick Pay	5.00	25.00	125.00	125.00
Vacation Pay	5.00	25.00	125.00	125.00

DEDUCTIONS	Current	YTD
Medical Insurance	10.00	10.00
Child Support	62.50	62.50

TAXES	Current	YTD
Federal Income Tax	54.93	54.93
Social Security	34.88	34.88
Medicare	8.16	8.16
ID Income Tax	26.45	26.45

SUMMARY	Current	YTD
Total Pay	\$625.00	\$625.00
Taxes	\$124.42	\$124.42
Deductions	\$72.50	\$72.50

NET PAY: \$428.08

Georgia Rock Staffing
1234 Duluth Hwy Duluth, GA 30097

EARNINGS STATEMENT

EMPLOYEE NAME		SSN	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE
Elvis C Whyte		XXX-XX-2695	96321456	503455	01/01/19-01/14/19	01/15/19
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES	18.50	77.50	1,433.75	FICA MED TAX	20.78	20.78
				FICA SS TAX	88.89	88.89
				FED TAX	147.05	147.05
				GA ST TAX	73.40	73.40
YTD GROSS				YTD DEDUCTIONS	YTD NET PAY	
1,433.75				330.12	1,103.63	
CURRENT TOTAL				CURRENT DEDUCTIONS	NET PAY	
1,433.75				330.12	1,103.63	



JOHNNY KENNEY

7251 HYDE PARK DRIVE
STRONGSVILLE, OH 44149
EMPLOYEE 180
***-**-1485

Check 1245
8/23/17
Week Ending: 8/22/2017

Hrs/Earnings	Current	YTD
Reg Hrs	40.00	152.00
Ovt Hrs	2.00	2.00
Overtime	66.00	66.00
REG	838.00	2690.00

Deduction	Current	YTD
FIT	97.60	328.11
FICA	69.16	210.84
OH	28.10	64.06
LOCAL TX	11.57	31.43
HI		31.09
FRINGES		
ANNUITY	68.00	164.00
PENSION	46.32	93.84

Earnings	Hours	Pay Rate
REG	24.00	16.50
Overtime	2.00	33.00
REG	8.00	22.00
REG	8.00	33.25

	Current	YTD
GROSS \$	904.00	2756.00
CURRENT PAY	904.00	

TOT DED	206.43	665.53
NET PAY	697.57	2090.47

	REGULAR			OVERTIME		
	Hours	Rates	Earnings	Hours	Rates	Earnings
Hourly Wage	8.00	33.25	266.00	0.00	49.88	
Hourly Wage	8.00	22.00	176.00	2.00	33.00	66.00
Hourly Wage	24.00	16.50	396.00	0.00	24.75	
	40.00		838.00	2.00		66.00

BUILD-IT CONSTRUCTION
17999 Foltz Industrial Parkway
Strongsville, Ohio 44149

Check Number: 1245
Pay Date: 8/23/17

***** SIX HUNDRED NINETY SEVEN DOLLARS AND 57 CENTS *****

Pay To The
Order Of

JOHNNY KENNEY
7251 Hyde Park Drive
Strongsville, OH 44149

Pay This Amount
\$697.57

VOID AFTER 90 DAYS



FIRST BANK OF WIKI

1425 JAMES ST, PO BOX 4000
VICTORIA BC V8X 3X4 1-800-555-5555

CHEQUING ACCOUNT STATEMENT

Page : 1 of 1

JOHN JONES
1643 DUNDAS ST W APT 27
TORONTO ON M6K 1V2

Statement period	Account No.
2003-10-09 to 2003-11-08	00005- 123-456-7

Date	Description	Ref.	Withdrawals	Deposits	Balance
2003-10-08	Previous balance				0.55
2003-10-14	Payroll Deposit - HOTEL			694.81	695.36
2003-10-14	Web Bill Payment - MASTERCARD	9685	200.00		495.36
2003-10-16	ATM Withdrawal - INTERAC	3990	21.25		474.11
2003-10-16	Fees - Interac		1.50		472.61
2003-10-20	Interac Purchase - ELECTRONICS	1975	2.99		469.62
2003-10-21	Web Bill Payment - AMEX	3314	300.00		169.62
2003-10-22	ATM Withdrawal - FIRST BANK	0064	100.00		69.62
2003-10-23	Interac Purchase - SUPERMARKET	1559	29.08		40.54
2003-10-24	Interac Refund - ELECTRONICS	1975		2.99	43.53
2003-10-27	Telephone Bill Payment - VISA	2475	6.77		36.76
2003-10-28	Payroll Deposit - HOTEL			694.81	731.57
2003-10-30	Web Funds Transfer - From SAVINGS	2620		50.00	781.57
2003-11-03	Pre-Auth. Payment - INSURANCE		33.55		748.02
2003-11-03	Cheque No. - 409		100.00		648.02
2003-11-06	Mortgage Payment		710.49		-62.47
2003-11-07	Fees - Overdraft		5.00		-67.47
2003-11-08	Fees - Monthly		5.00		-72.47
*** Totals ***			1,515.63	1,442.61	

TEXAS EXPOSITION SERVICES, LLC
5544 ARMOUR DRIVE
HOUSTON, TX 77020

RO [REDACTED] SA
[REDACTED]
CONROE, TX 77385

Direct Deposit

Employee Pay Stub		Check number: DD		Pay Period: 04/21/2019 - 04/27/2019		Pay Date: 05/03/2019
Employee		SSN				
RO [REDACTED] SA, [REDACTED] CONROE, TX 77385		***-**-0927				
Earnings and Hours		Qty	Rate	Current	YTD Amount	Direct Deposit
NON UNION		39:00	20.00	780.00	12,910.97	Checking - *****0692
NON UNION OT					2,484.99	
		39:00		780.00	15,395.96	Memo
Taxes				Current	YTD Amount	Direct Deposit
Medicare Employee Addl Tax				0.00	0.00	
Federal Withholding				-59.00	-1,260.00	
Social Security Employee				-48.36	-954.55	
Medicare Employee				-11.31	-223.24	
				-118.67	-2,437.79	
Adjustments to Net Pay				Current	YTD Amount	
Garnishment [REDACTED]				-266.25	-1,031.25	
Net Pay				395.08	11,926.92	



Social Security Administration

009026
1/2

Date: July 2, 2019
BNC#: 19BC287J87939
REF: D



9026 115193 **AUTOALL FOR AADC 773 R P2 T21 BEV 0702



MARY L. HERNANDEZ

1007 RIVER RIDGE

009026 CONROE TX 77385-8546

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly Social Security benefit before any deductions is \$ 1167.00.

We deduct \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 1031.00.
(We must round down to the whole dollar.)

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

Medicare Information

You are entitled to hospital insurance under Medicare beginning January 2007.

You are entitled to medical insurance under Medicare beginning January 2007.

Your Medicare number is 7X06-FK1-DE82. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

Social Security Administration

Date: April 19, 2018
BNC#: 18BT514B95647
REF: D ,DI



009373 1 AB 0.408 P004 T0017 LTR BEV 0419



WILLIS TX 77318-7413

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2017, the full monthly Social Security benefit before any deductions is \$ 1340.40.

We deduct \$134.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 1206.00.
(We must round down to the whole dollar.)

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

Information About Past Social Security Benefits

From December 2016 to November 2017, the full monthly Social Security benefit before any deductions was \$ 1314.20.

We deducted \$109.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$ 1205.00.
(We must round down to the whole dollar.)

Information About Supplemental Security Income Payments

Beginning March 2008, the current Supplemental Security Income payment is \$ 0.00.

This payment amount may change from month to month if income or living situation changes.

Wells Fargo Combined Statement of Accounts

Primary account number: [REDACTED] ■ January 24, 2018 - February 22, 2018 ■ Page 1 of 6

WELLS
FARGO

[REDACTED]
[REDACTED]
WILLIS TX 77318-7413

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3357)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-1288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (808)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input type="checkbox"/>	Auto Transfer/Payment	<input checked="" type="checkbox"/>
Online Statements	<input type="checkbox"/>	Overdraft Protection	<input checked="" type="checkbox"/>
Mobile Banking	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Summary of accounts

Checking/Prepaid and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Custom Management® Checking	2	[REDACTED]	304.95	193.41
Wells Fargo® Goal Savings	4	[REDACTED]	60.01	30.01
Total deposit accounts			\$364.96	\$223.42

Custom Management* Checking

Activity summary

Beginning balance on 1/24	\$304.95
Deposits/Additions	1,874.49
Withdrawals/Subtractions	- 1,986.03
Ending balance on 2/22	\$193.41

Account number: 127

Texas/Arkansas account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 111900659

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Credit Card - XXXX-XXXX-XXXX-4921
- Savings - 1556

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
1/24		Purchase authorized on 01/23 Kroger Fuel Ctr #7 Willis TX S308024104467752 Card 0588		43.88	261.07
1/25		Purchase authorized on 01/23 Lowes #002321 Conroe TX S468024095953525 Card 0588		58.78	202.29
1/26		Tele-Transfer Fr Savings xxxxxx1556 Reference #TF046Xr8Yq	55.00		
1/26		Purchase authorized on 01/26 Autohausaz.Com 800-240-4620 AZ S308025386194123 Card 0588		98.76	
1/26		Purchase authorized on 01/26 Kroger 12605 Ih 45 Willis TX P0000000876678874 Card 0588		133.85	
1/26		Overdraft Xfer From Credit Card OR Line	29.93		54.61
1/29		Purchase authorized on 01/26 Kroger Fuel Ctr #7 Willis TX S468027000498119 Card 0588		54.61	
1/29		Purchase authorized on 01/28 Chevron 0174376 Conroe TX S588028672875742 Card 0588		29.55	
1/29		Purchase authorized on 01/28 Chevron 0174376 Conroe TX S588028670857846 Card 0588		4.01	
1/29		Overdraft Xfer From Credit Card OR Line	31.56		0.00
2/2		SSA Treas 310 Xsac Sec 020218 xxxxx6738D SSA	1,206.00		
2/2		Deposit Made In A Branch/Store	550.00		
2/2		Recurring Payment authorized on 02/02 TI Life Insurance 800-362-6900 TX S388033263656281 Card 0588		19.33	1,736.67
2/5		Recurring Transfer to Savings Ref #Op0475 SM85 xxxxxx1556		25.00	
2/5		Purchase authorized on 02/03 Kroger 12605 Ih 45 Willis TX P0000000974112320 Card 0588		102.57	
2/5		Purchase authorized on 02/03 Kroger Fuel Ctr #7 Willis TX S388035007327519 Card 0588		39.64	
2/5		Wells Fargo Card Phone Pymt 180202 400001 90130088724921		200.00	
2/5		Suddenlink Bank Draft 020518 81161255980100		216.12	1,133.34
2/8		Aqua Aqua Servi 180208 000927006066431		55.61	1,077.73
2/12		Geko Prem Col 180211 5Afm11P8Koe E		34.37	1,043.36
2/16	188	Deposited OR Cashed Check		50.00	
2/16		Capital One Phone Pymt 180215 804619879056646 96104407531		200.00	793.16

Transaction history (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/20		Purchase authorized on 02/16 USAA Insurance Pym 800-531-8111 TX \$ 368047826906404 Card 0588		\$00.00	
2/20		Purchase authorized on 02/19 On*Credit One 877-8253242 NV \$ 468050572486750 Card 0588		99.95	193.41
Ending balance on 2/22					193.41
Totals			\$1,874.40	\$1,986.03	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount
188	2/16	\$0.00

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/24/2018 - 02/22/2018	Standard monthly service fee \$10.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$1,500.00	\$0.00 <input type="checkbox"/>
• Qualifying direct deposit	\$500.00	\$1,206.00 <input checked="" type="checkbox"/>
• Monthly automatic payment of Wells Fargo home equity/personal loan or personal line of credit	1	0 <input type="checkbox"/>
• Monthly automatic payment to a Wells Fargo home mortgage	1	0 <input type="checkbox"/>

JMN

HOUSEHOLD INCOME CERTIFICATION WORKSHEET

Agency Name: MCCD agency

COVID HOUSING ASSISTANCE PROGRAM (CHAP)

Applicant Name (Head of Household) : John Smith

Anticipated Annual Income	List ALL Household Member Names	Relation to Head		Full-time Student?	Wages & Salaries	Benefits & Pensions	Public Assistance	Other Income	Income Source
		John	self		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$12,000.00		1,800.00
	Jane	spouse		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$14,100.00		3,000.00		Vet/Child Support
	Jim	child		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Joa	nephew		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$1,476.00			
				<input type="checkbox"/> Yes <input type="checkbox"/> No					SSI
Line 1	Totals:				\$14,100.00	\$13,476.00	\$3,000.00	\$1,800.00	
Line 2	TOTAL Income from Wages, Salaries, Benefits, Pensions, Public Assistance, and Other: Enter sum of totals from Line 1.								\$32,376.00
Asset Income	Family Member Name	Last 4 of Account Number	Asset Description	Current Cash Value of Assets	Actual Income from Assets	List Source	Verification in Client's File		
	John	*6789	checking account	\$125.50	\$125.50	bank statements	<input checked="" type="checkbox"/>		
	Jane	*1234	savings account	\$5,432.10	\$5,432.10	bank statements	<input checked="" type="checkbox"/>		
							<input type="checkbox"/>		
							<input type="checkbox"/>		
							<input type="checkbox"/>		
	Line 3	Total Current Cash Value of Assets			\$5,557.60				
Line 4	Total Actual Income from Assets			\$0.00					
Line 5	Imputed Income from Assets			If Line 3 is greater than \$5,000, multiply Line 3 by 2%. If Line 3 is \$5,000 or less, enter zero.		\$111.15			
Line 6	TOTAL INCOME FROM ASSETS: Enter the greater of Line 4 or Line 5							\$111.15	
Line 7	ANTICIPATED ANNUAL GROSS INCOME: Line 2 plus Line 6							\$32,487.15	
Certification	NOTES:								
	<p>AGENCY: I have reviewed, verified, and confirmed the information presented on this form in accordance with the requirements of the CHAP. I hereby certify that the information presented herein is complete and accurate to the best of my knowledge.</p> <p>Signature - Authorized Representative of Administrator _____ Date _____</p>								

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

