

ASSET INCOME SELF-CERTIFICATION – MTW

Applicants and participants who are part of the Massachusetts Department of Housing and Community Development's (DHCD) Housing Choice Voucher Program must provide verification of income related to assets. The head of household is required to complete and sign this form on behalf of the entire household.

Participant ID No

Applicant/Participant Name

Applicant/Participant Address	City, State	Zip Code
Is the value of all household assets more than \$50,000?	□Yes	□No
Regardless of the amount, please specify below.		
Description		Asset Value
Stocks and/or bonds		
Cash Value of Life Insurance Policy		
Real Property total assessed value		
Checking account		
Savings account		
Burial plots		
Inheritances, lottery winnings, insurance settlements		
Cash value of Trusts		
IRA, Keough, or other retirement savings		
Personal property held as an investment such as gems, jewel	ry, coin collection	ns,
antique cars, etc.		
Assets disposed of less than fair market value during the two certification or recertification	years preceding	
Lump sum payments from insurance settlements or legal clair	ms	
Other (please, specify)		
Total		
I certify that the information given to DHCD on family assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of housing assistance with DHCD. This form will be reviewed by an RAA staff member.		
Clarecture of Applicant on Posticionet	<u></u>	Dete
Signature of Applicant or Participant		Date
< <raa>> Staff Signature</raa>	<u> </u>	Date

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.