

**MICHIGAN STATE HOUSING  
DEVELOPMENT AUTHORITY**

**MSHDA INCOME & ASSETS CHECKLIST**

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name:	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
<b>INCOME</b>			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? __
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:			
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____			
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.			
28			I receive other recurring or periodic income not listed above. Describe: _____			
29			I receive student financial assistance (does not include student loans).			
CHILD SUPPORT						
30			I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.			
32			I anticipate filing a claim for child support within the next twelve months.			
ASSETS (Include all assets held or owned either in or outside of the United States)						
					Cash Value*	Interest Rate**
33			I have a savings account(s) at: _____ (List name(s) of institution)		\$	
34			I have a checking account(s) at: _____ (List name(s) of institution)		\$	
35			I have certificates of deposit at: _____ (List name(s) of institution)		\$	
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____		\$	
37			I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____		\$	
38			I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)		\$	
39			I have cash held in my home or in a safety deposit box.		\$	
40			I have savings bonds. If yes, how many? _____		\$	
41			I have Treasury Bills. If yes, how many? _____		\$	
42			I have stocks, bonds, mutual funds, or securities.		\$	
43			I own a house or mobile home.	<b>(Section 8 PBRA Programs only: Is the home suitable for occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No )</b>	\$	
44			I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____		\$	
45			I have land contracts. If yes, how many? _____		\$	
46			I hold a mortgage or deed of trust.		\$	
47			I have revocable trusts. If yes, how many trusts? _____		\$	
48			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____		\$	
49			I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).		\$	
50			I have lump sum receipts or one-time receipts.		\$	

Yes	No	COMPLETE EACH ITEM:
51		I have assets from sources other than those listed above. Describe: _____ \$
52		A member of my household is under the age of 18 and has assets. Describe: _____ \$
53		I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54		I have joint ownership on one or more of the above assets.
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)		
55		I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay Medicare premiums.</b>
56		I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay medical insurance premiums, other than Medicare.</b>
57		I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay medical or prescription or chore provider expenses which are not reimbursed by insurance.</b>
58		I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay long term care insurance premiums.</b>
59		I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.
60		The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays <input type="checkbox"/> full <input type="checkbox"/> partial.
61		I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
62		I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS		
63		I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
SPECIAL CONSIDERATION OF ASSETS		
64		<b>Section 8 PBRA Programs only:</b> My household's assets exceed \$100,000+
65		I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____  <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

\_\_\_\_\_  
Applicant / Tenant Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY OWNER/MANAGEMENT AGENT**

**Household Asset(s) Verification vs. Self-Certification:**

- Move-In/Initial Certification – All household assets must be 3<sup>rd</sup> party verified.**
  - 1<sup>st</sup> Year Annual Recertification – Year: \_\_\_\_\_ Asset Threshold: \$ \_\_\_\_\_**  
(can be found on huduser.org)
  - 2<sup>nd</sup> Year Annual Recertification – Year: \_\_\_\_\_ Asset Threshold: \$ \_\_\_\_\_**  
(can be found on huduser.org)
  - 3<sup>rd</sup> Year Annual Recertification – All household assets must be 3<sup>rd</sup> party verified.**
- The cycle will now repeat, with 3<sup>rd</sup> party verifications of assets occurring every three (3) years.**

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**\*\* Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

**Current Passbook Savings Rate: \_\_\_\_\_ % (can be found on huduser.org)**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Owner/Management Signature

\_\_\_\_\_  
Date