

# VERIFICATION WORKSHEET

Property: \_\_\_\_\_ Tenant Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

**ASSETS:**

**RD Effective Date:** \_\_\_\_\_

**Last Years Assets as Shown on Previous Certification** \_\_\_\_\_

Assets Disposed of within the Last Year: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Date Disposed of: \_\_\_\_\_ Amount Disposed of: \$ \_\_\_\_\_

	Account #	Bank	
Savings Account	_____	_____	\$ _____
Savings Account	_____	_____	\$ _____
Checking Account	_____	_____	\$ _____
Checking Account	_____	_____	\$ _____
Stocks, Bonds	_____	_____	\$ _____
CD's	_____	_____	\$ _____
CD's	_____	_____	\$ _____
Whole Life	_____	_____	\$ _____
Cash on Hand			\$ _____
House/Real Estate			\$ _____
Assets Disposed of / Date: _____		(Must be counted for 2-years – 1 <sup>st</sup> year counted)	\$ _____
Assets Disposed of / Date: _____		(Must be counted for 2-years – 2 <sup>nd</sup> year counted)	\$ _____
Other _____			\$ _____
<b>Total Assets</b>			<b>\$ _____</b>

(Do not impute if assets are under \$5000) **Imputed Interest** (Total Assets \* 2%) \$ \_\_\_\_\_

If the total current assets are more than \$1,000 less than last years assets, the resident must show documentation as to where the money went. If the resident cannot provide you with this information, you must consider the amount over \$1,000 as an asset disposed of for two years.

**SOURCE OF INCOME:**

Social Security-Gross Amount \$ _____/mo. x 12	\$ _____
Social Security-Gross Amount \$ _____/mo. x 12	\$ _____
Pension - \$ _____/mo. x 12	\$ _____
Pension - \$ _____/mo. x 12	\$ _____

**Income From Assets:**

Asset	Amount	Rate	Interest / Income

**Subtotal** \$ \_\_\_\_\_

**Total Actual Interest Earned** \$ \_\_\_\_\_

**Greater Number of Actual or Imputed Interest** \$ \_\_\_\_\_

Wages: \$ \_\_\_\_\_/hr. x \_\_\_\_\_ hrs. per week x 52 weeks \$ \_\_\_\_\_

Wages: \$ \_\_\_\_\_/hr. x \_\_\_\_\_ hrs. per week x 52 weeks \$ \_\_\_\_\_

Amount Received to Cover Living Expenses \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Annual Income (Rounded to the Nearest Dollar)** **\$ \_\_\_\_\_**

Tenant Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

**Tax Credit Effective Date:** \_\_\_\_\_

**RD Effective Date:** \_\_\_\_\_

**MEDICAL EXPENSES:**

Medicaid:    yes\_\_\_\_\_ no\_\_\_\_\_

Medicaid Spend-down: \_\_\_\_\_ \$ \_\_\_\_\_

Medicare Part B-\_\_\_\_\_ x12mo. \$ \_\_\_\_\_

Medicare Part B-\_\_\_\_\_ x12mo. \$ \_\_\_\_\_

Medicare Part D-Rx Plan \_\_\_\_\_ x12mo. \$ \_\_\_\_\_

Medicare Part D-Rx Plan \_\_\_\_\_ x12mo. \$ \_\_\_\_\_

Medicare Part B Deductible \$ \_\_\_\_\_

Medicare Part B Deductible \$ \_\_\_\_\_

Insurance Premiums \_\_\_\_\_ Monthly \_\_\_\_\_ \$ \_\_\_\_\_

Insurance Premiums \_\_\_\_\_ Monthly \_\_\_\_\_ \$ \_\_\_\_\_

Medicine \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Non-prescription Medicine

\_\_\_\_\_ \$ \_\_\_\_\_

Doctor \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Medical Expenses \$ \_\_\_\_\_

Less 3% of Total Annual Income - \_\_\_\_\_

**Mgr. Initials:** \_\_\_\_\_

**Allowable Medical Deductions** \$ \_\_\_\_\_