



# ASSET SELF-CERTIFICATION WORKSHEET

(Completed by Management Agent)

This worksheet accompanies the Asset Self-Certification. Complete **either** Part I or Part II depending on the nature of the types of assets disclosed by the family on the Asset Self-Certification. When the total net family assets are less than or equal to the [applicable Imputed Income Limitation](#), then only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification (TIC).

HOUSEHOLD NAME: _____		UNIT # _____
<b>PART I: COMPLETE THIS SECTION IF THE FAMILY <i>ONLY</i> HAS NNPP AND NO REAL PROPERTY</b>		
<b>Determination of Total Net Family Assets</b>		
(1)	Enter the total of all NNPP by adding the values in (A)	\$
(2)	Enter the value of any NNPP disposed of for less than FMV	\$
(3)	ADD lines (1) and (2)	\$
(4)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	\$
(5)	SUBTRACT line (4) from line (3)	\$
(6)	Is the value in line (5) less than or equal to \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , then proceed to <b>Determination of Income from Assets</b>		
If <b>NO</b> , <b>STOP</b> the Asset Self Certification cannot be used, and each asset must be separately verified		
<b>Determination of Income from Assets: This information must be reflected on Part IV of the ADOH TIC</b>		
(7)	Enter the total by adding the values in (B)	\$

<b>PART II: COMPLETE THIS SECTION IF THE FAMILY HAS <i>BOTH</i> NNPP AND REAL PROPERTY</b>		
<b>Determination of Total Net Family Assets</b>		
(1)	Enter the total of all NNPP by adding the values in (A)	\$
(2)	Enter the value of any NNPP disposed of for less than FMV	\$
(3)	ADD lines (1) and (2)	\$
(4)	Is this value less than or equal to \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , then proceed to line (5)		
If <b>NO</b> , <b>STOP</b> the Asset Self Certification cannot be used, and each asset must be separately verified		
(5)	Enter the total of all Real Property by adding the values in (C)	\$
(6)	Enter the value of any Real Property disposed of for less than FMV	\$
(7)	ADD lines (5) thru (6)	\$
(8)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	\$
(9)	SUBTRACT line (8) from line (7)	\$
(10)	Is the value in line (9) less than or equal to \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , then proceed to <b>Determination of Income from Assets</b>		
If <b>NO</b> , <b>STOP</b> the Asset Self Certification cannot be used, and each asset must be separately verified		
<b>Determination of Income from Assets: This information must be reflected on Part IV of the ADOH TIC</b>		
(11)	Enter the total by adding the values in (B)	\$
(12)	Enter the total by adding the values in (D)	\$
(13)	ADD lines (11) and (12)	\$

[Imputed Income Limitation](#)

FY 2025: \$51,600

Effective as of 04/01/2025 (Required Form) - Asset Self-Certification Worksheet

Revised 01/30/2025



# ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.  
(Complete only one form per household; including assets of children.)

## Imputed Income Limitation FY 2025: \$51,600

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. \*Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.\*

Household Name:	Smith				Unit#:	8-104
<b>PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)</b>						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets for more than \$1,000 below their fair market value (FMV).				
Asset #1:	N/A	Date of Disposal:	N/A	FMV - amt received:	N/A	
Asset #2:	N/A	Date of Disposal:	N/A	FMV - amt received:	N/A	
<b>PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT</b>						
Have you received a federal tax return or refundable federal tax credit in the last 12 months?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Amount of return/credit:				\$0.00		
<b>PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)</b>						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		I/we do have non-necessary personal property				
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income	
Cash on Hand	\$ N/A	N/AP	Cryptocurrency	\$ N/A	\$ N/A	
Pre-paid Debit Card (including Govt. Benefits)	\$ N/A	N/AP	Money Market/ CD	\$ N/A	\$ N/A	
Checking/Savings	\$ 400.00	\$ 0.00	Annuities	\$ N/A	\$ N/A	
Checking/Savings	\$ N/A	\$ N/A	Brokerage Account	\$ N/A	\$ N/A	
Savings	\$ 20.00	\$ 0.00	Stocks/Bonds	\$ N/A	\$ N/A	
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$ N/A	\$ N/A	Other: <u>N/A</u>	\$ N/A	\$ N/A	
Whole Life Insurance	\$ N/A	\$ N/A	Other: <u>N/A</u>	\$ N/A	\$ N/A	
<b>Non-Account Based</b>						
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business						
Description			(A) Cash Value *			
N/A			\$ N/A			
N/A			\$ N/A			
N/A			\$ N/A			
N/A			\$ N/A			
<b>PART IV. REAL PROPERTY</b>						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		I/we do have real property				
Description of Property	(C) Cash Value*		(D) Income			
N/A	\$ N/A		\$ N/A			
N/A	\$ N/A		\$ N/A			

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.

06/05/2025

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

**PENALTIES FOR MISUSING THIS CONTENT:** 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).



**Student Certification**  
(For use with the LIHTC Program)

Property Name: The Safford

Unit Number: 8-104

This information on this form is used to help determine the household's eligibility for certain housing programs. A household member is considered a student if they attend an educational institution such as elementary, junior and senior high, college, university, technical, trade, and mechanical schools.

**Part A - Check only one statement below.**

☒ 1. Household contains **at least one occupant who is not a student and has not been/will not be a student** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).

☐ 2. Household contains all students, but is qualified because **at least one occupant is a part-time student** who is not/will not be a full-time student for five months or more during the current and/or upcoming calendar year.

Name(s) of Part-Time Students: \_\_\_\_\_

☐ 3. Household consists of **all members who have been/will be full-time students** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).

**Part B - Complete this section only if you checked box #3 in Part A.**

1. Does the household include students who are married and entitled to file a joint tax return? ☐ Yes ☐ No

2. Does the household include at least one single parent and their child(ren)? If yes, ☐ Yes ☐ No

a. Is this parent a dependent of another individual? ☐ Yes ☐ No

b. Are these child(ren) dependents of an individual other than a parent? ☐ Yes ☐ No

3. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? (*This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC).*) ☐ Yes ☐ No

4. Does the household include at least one student participating in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (*i.e. Job Corp, AmeriCorp, etc.*)? ☐ Yes ☐ No

5. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act (*i.e. adults who were in the foster care system during childhood*)? ☐ Yes ☐ No

**REQUIRED SIGNATURES - All adult members must sign below.**

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 denial of admission or termination of a lease agreement.

 04/05/2025

Signature

Date

Signature

Date

Signature

Date

Signature

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Signature

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Signature

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Signature

Date



## Screening Report - Courtney D Smith

The Safford (FN685)

### Property Screening Result

Application Result: Accept - TWN SSV Verified.

#### Applicant Information

NAME: Courtney D Smith  
SSN: XXX-XX-1295  
DOB: 09/10/1989  
EMAIL: csmith222495@yahoo.com  
CURRENT ADDRESS: 1333 Southlea DR Apt , South Bend , IN 46628

#### Individual Result

Accept

#### Additional Information

##### Reasons for Result

- Minor level of late credit payments

##### Items to review

- The Work Number SSV Found

#### Additional Applicant Information

##### Residence History

This applicant has rented or owned  
TIME AT CURRENT ADDRESS: 5 year 9 month

##### Employment/Income

PROPOSED RENT: \$1344  
TIME AT CURRENT JOB: 0 year 0 month  
PRIMARY INCOME: \$ 3000 per month  
PROPOSED RENT: \$1344  
RENT/INCOME: 45%

#### SUMMARY

SEARCH TYPE	DATE REQUESTED	DATE COMPLETED	STATUS
Credit Report	05/12/2025 8:42 PM	05/12/2025 8:42 PM	Complete
Criminal Search	05/12/2025 8:42 PM	05/12/2025 8:42 PM	Meets Property Requirements No Sex Offender Records Found No Criminal Records Found
Premium National Civil Court Records Search	05/12/2025 8:42 PM	05/12/2025 8:42 PM	Meets Property Requirements No Civil Court Records Found
Rental History Search	05/12/2025 8:42 PM	05/12/2025 8:42 PM	Meets Property Requirements No Records Found
OFAC Name Search	05/12/2025 8:42 PM	05/12/2025 8:42 PM	No Matches Found
Income Verification	05/12/2025 08:42 PM	05/12/2025 08:42 PM	Complete
Identity Verification	05/12/2025 08:42 PM	05/12/2025 08:42 PM	Complete

#### EXPERIAN CREDIT REPORT

##### PERSONAL INFORMATION

Name: COURTNEY D SMITH  
Date of Birth: 09/10/1989

##### PRIMARY ADDRESS

Address: 1333 SOUTHLEA DR  
SOUTH BEND IN 46628-3827  
Filed: 01/24/2020

##### OTHER ADDRESSES

Address: 3582 W GENERATIONS DR  
SOUTH BEND IN 46635-1559  
Filed: 08/7/2015  
Address: 1224 E JEFFERSON BV  
MISHAWAKA IN 46545-7112  
Filed: 02/8/2019

##### CHECKPOINT MESSAGES

0084 SSN MATCHES

#### PREMIUM NATIONAL CRIMINAL RECORDS SEARCH

DATE REQUESTED	DATE COMPLETED	STATUS
05/12/2025 8:42 PM	05/12/2025 8:42 PM	Meets Property Requirements No Sex Offender Records Found No Criminal Records Found



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**PREMIUM NATIONAL CIVIL COURT RECORDS SEARCH**

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DATE REQUESTED	DATE COMPLETED	STATUS
05/12/2025 8:42 PM	05/12/2025 8:42 PM	Meets Property Requirements No Civil Court Records Found

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**RENTAL HISTORY SEARCH**

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DATE REQUESTED	DATE COMPLETED	STATUS
05/12/2025 8:42 PM	05/12/2025 8:42 PM	Meets Property Requirements No Records Found

Powered by



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**OFAC/SDN SEARCH**

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DATE REQUESTED	DATE COMPLETED	STATUS
05/12/2025 8:42 PM	05/12/2025 8:42 PM	No Records Found

**Database(s) Searched:** US Treasury Department - OFAC - SDN & Blocked Persons

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**THE WORK NUMBER SSV**

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REQUEST DATE	COMPLETED	STATUS
05/12/2025 08:42 PM	05/12/2025 08:42 PM	Records Found

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**IDENTITY VERIFICATION**

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REQUEST DATE	COMPLETED	STATUS
05/12/2025 08:42 PM	05/12/2025 08:42 PM	Complete

**PROPERTY ACKNOWLEDGEMENT**

As a condition of using the information in this report about this applicant, you acknowledge and agree that your use of this information is strictly subject to the terms of your screening agreement with RentGrow, Inc., the federal Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. ("FCRA"), the California Investigative Consumer Reporting Agencies Act (ICRAA) (if your property is located in California), and all other applicable laws and regulations. Any credit, criminal, civil, rental, or other history information about the individual to whom this tenant screening report pertains was obtained from public records or third-party consumer reporting agencies (CRAs). RentGrow, Inc., a reseller CRA as defined by the FCRA, follows all applicable rules and regulations, and obtains information only from public sources and reputable third-party data providers, but cannot guarantee the accuracy, completeness, or truthfulness of the information provided by a consumer, third-party, or contained in any public record. Consumers have the right to contact RentGrow, Inc. directly to initiate a dispute of any information reported by RentGrow that they believe is inaccurate or incomplete. If a consumer dispute results in a change to any of the information initially reported, RentGrow will suppress or modify any information that is no longer accurate and will notify you and the consumer accordingly. If a consumer requests additional information about RentGrow, including how to initiate a dispute, please direct them to [www.rentgrow.com](http://www.rentgrow.com).

**ADDITIONAL INFORMATION FOR THE APPLICANT**

If you believe any of the information that RentGrow reported about you is incorrect or incomplete, please visit RentGrow at [www.rentgrow.com](http://www.rentgrow.com) to quickly initiate a dispute and for other helpful and important information. RentGrow does not manage or rent properties, does not set applicant eligibility criteria for any property, and does not make rental decisions. All eligibility criteria are set, and all rental decisions are made, by the responsible property manager or owner. Finally, if this screening report includes a VantageScore or FICO credit score, please note that your score (a number between 300 and 850) reflects the information in your credit report and can change depending on how the information in your credit report changes. RentGrow plays no role in how your credit score is determined.

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**Processing Information**

SCREENING REQUEST SUBMITTED TO RENTGROW: 05/12/2025 8:42 PM  
REPORT ID: 75027198

**Property Information**

CURRENT POLICY: DOM35  
POLICY AT TIME OF SCREENING: DOM35  
MARKET SOURCE: Other  
SITE CODE:847

# VAWA Acknowledgement of Receipt


**Property name** The Safford  
**Unit number** 8-104

**Household Name** Smith

I/We have received a copy of the following documents:

1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.

<b>1. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
	Courtney Dachel Smith	06/05/2025
<b>2. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>3. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>4. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>5. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>6. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>7. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>8. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>9. Applicant/Resident Signature</b>	<b>Printed Name</b>	<b>Date</b>

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