

INCOME SOURCES

Please provide additional information for each source of income received, including at least one method of contact.



ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.
Any information provided is subject to verification.

1. Checking Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9. Internet Based Assets <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i>
2. Savings Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i>	10. Stocks / Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include stocks or bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i>
3. Prepaid Debit Card <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i>	11. Brokerage Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Life Insurance Policy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include term life insurance policies.</i>	12. Cryptocurrency <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i>
5. Annuities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. Money Market Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Certificate of Deposit (CD) Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Non-Account Based <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i>
7. Real Estate / Real Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Other Asset(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list source(s):
8. Cash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include any cash that is held as savings. Only include cash that has not been invested in any of the accounts reported on this form.</i>	

Assets Disposed Of For Less Than Fair Market Value

16. I/We hereby certify that I/we **HAVE** **HAVE NOT** sold or given away assets for less than their fair market value within the last 2 years. (*Excluding items lost in bankruptcy, divorce, or foreclosure*)

If Applicable: Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received



ASSET SOURCES

Please provide additional information for each asset owned. If an asset is owned by more than one person, the record should reflect only amounts owned by and accessible to the member.

*Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.

Adult Household Members - Review the information provided and initial below

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:	<i>MC</i>	_____	_____	_____	_____	_____	_____	_____
	#1	#2	#3	#4	#5	#6	#7	#8



Housing History Disclosure

Property Name: The Safford Unit Number: 7-110

Member Name: Michael Ray Owens

Please provide the last 24 months of housing history. All adult household members must complete this form.

Check this box if you had no established housing during this timeframe and provide a brief explanation below.

Explanation:

Current Address

Street Address: 6352 w sugar pine trl	Apt #:
City: tucson	State: AZ Zip Code: 85743
Move-In Date (Month/Year): 1/10/2023	Reason for leaving: Separated
(Check One) <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 2500.00
Landlord Name: aj cornellus	Landlord Phone:(520) 730-7219

Previous Addresses

1. Street Address:	Apt #:
City:	State: Zip Code:
Reason for leaving:	
Move-In Date (Month/Year):	Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 0.00
Landlord Name:	Landlord Phone:
2. Street Address:	Apt #:
City:	State: Zip Code:
Reason for leaving:	
Move-In Date (Month/Year):	Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 0.00
Landlord Name:	Landlord Phone:
3. Street Address:	Apt #:
City:	State: Zip Code:
Reason for leaving:	
Move-In Date (Month/Year):	Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 0.00
Landlord Name:	Landlord Phone:

Signature Required:

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.

Michael Owens

Applicant Signature

Michael Ray Owens

Printed Name

06/25/2025

Date Signed



Revised 09/05/24

Exact Day Calculator for Income

Household Member:

Michael Owens

Source of income:

Eagle Rock

Choose a Pay Schedule Option:

Weekly

For Hourly Income when we have an employment verification filled out or to make a comparison based on pay stubs wages

	Pay Rate	Hours Per Pay Period	Number of Pay Periods	Total per year
Regular Rate				\$0.00
OT Rate				\$0.00
Shift Pay				\$0.00
Tips				\$0.00
Commissions				\$0.00
Bonuses				\$0.00
Other				\$0.00
Total				\$0.00

For Check Stub Income backup. Put check stubs in consecutive pay period order.

Pay stub	Date of check stub pay period start date	Date of check stub pay period end date	Gross pay on each check stub		
1	6/9/2025	6/15/2025	\$692.75		
2	6/2/2025	6/8/2025	\$632.82		
Total			\$1,325.57		
	Oldest pay period start date	Most recent pay period end date	Total Pay Periods	Average Amount Per Pay Period	Yearly using pay period average
	6/2/2025	6/15/2025	2	662.79	\$34,465.08
					Highest calculated income value
					\$34,465.08

Statement of Earnings For: Michael Owens							Eagle Rock Excavating, LLC				
Employee #:	OWENMI01	Division		Period Begin:	6/9/2025	Check Date:	6/20/2025				
Clock Number:		Department		Period End:	6/15/2025	Pay Type:	Hourly				
Company Id:	010525	Federal Filing:		Exemptions:		Additional Tax:					
State Filing:						Additional Tax:					
Voucher Id	Check Amount	Gross Pay	Net Pay	Check Message							
V114800	\$0.00	\$692.75	\$632.83								
EARNINGS	*Not included in Totals		^Hrs/Units = Units (Units not included in Totals)	TAXES			DEDUCTIONS				
Description	Rate	Hrs/Units	Dollars	YTD Hrs/Unit	YTD Dollars	Description	Current	YTD	Description		
Regular	17.0000	40.00	680.00	257.75	4,381.75	SOC SEC EE	42.95	277.60			
Overtime	25.5000	0.50	12.75	3.75	95.63	MED EE	10.04	64.92			
						ARIZONA WH	6.93	44.78			
Total:	40.50	692.75	261.50	4,477.38		Total:	59.92	387.30	Total:	0.00	0.00
CURRENT PERIOD LEAVE ACCRUAL										DISTRIBUTION OF NET PAY	
PTO	Accrued:	1.3487	Taken:	0.00	Pending Balance	8.71	Checking		Account: #####2118	Deposit Amount:	632.83

Eagle Rock Excavating, LLC
4750 N La Cholla Blvd
Tucson, AZ 85705

CHECK DATE	VOUCHER ID
6/20/2025	V114800

TOTAL NET PAY
*****\$632.83

010525 OWENMI01

Michael Owens

6352 w sugar pine trail
Tucson, AZ 85743

NOT NEGOTIABLE

Employee Pay Details

Eagle Rock Excavating, LLC

Michael Owens

For Pay Period: 6/9/2025 - 6/15/2025

Pay Date: 6/20/2025

Earning	Rate	Hours	Dollars	Project	Date	Job Cost Code	Equipment
Regular	17.0000	6.25	106.25		6/9/2025		Water Truck
Regular	17.0000	6.25	106.25		6/10/2025		Backhoe
Regular	17.0000	6.25	106.25		6/11/2025		17 Dodge 2500
Regular	17.0000	6.25	106.25		6/12/2025		17 Dodge 2500
Regular	17.0000	6.25	106.25		6/13/2025		17 Dodge 3500
Regular	17.0000	1.75	29.75		6/9/2025		Grader
Regular	17.0000	1.75	29.75		6/10/2025		Water Truck
Regular	17.0000	1.75	29.75		6/11/2025		Service Truck
Regular	17.0000	1.75	29.75		6/12/2025		Wheel Loader
Regular	17.0000	1.75	29.75		6/13/2025		Excavator
Overtime	25.5000	0.25	6.38		6/9/2025		Grader
Overtime	25.5000	0.25	6.37		6/12/2025		Wheel Loader
		40.50	692.75				