

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: *[Signature]* _____ #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____



Housing History Disclosure

Property Name: The Safford Unit Number: 8-104

Member Name: Courtney Dachel Smith

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: 1333 Southlea Dr	Apt #:
City: South Bend	State: IN Zip Code: 46628
Move-In Date (Month/Year): 7/27/2019	Reason for leaving: Out of State Move
(Check One) <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 950.00
Landlord Name: Access Properties	Landlord Phone:(574) 232-1242

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.



Applicant Signature

Courtney Dachel Smith



Date Signed



Printed Name



Revised 09/05/24

Exact Day Calculator for Income

Household Member:

Courtney Smith

Source of income:

Elara Caring

Choose a Pay Schedule Option:

Bi-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	4/20/2025	5/3/2025	\$1,640.53			
2	5/4/2025	5/17/2025	\$1,852.84			
Total			\$3,493.37			
	Oldest pay period start date	Most recent pay period end date	Total Pay Periods	Average Amount Per Pay Period	Yearly using pay period average	Highest calculated income value
	4/20/2025	5/17/2025	2	1746.69	\$45,413.94	\$45,413.94

Elara Caring

Day By Day Hospice, Inc. 2751 Albright Rd. Kokomo, IN 46902						
Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Courtney Smith	Day By Day Hospice, Inc.	223668	04/20/2025	05/03/2025	05/09/2025	
		Gross Pay	Pre-Tax Deductions	Team Member Taxes	Deductions	Net Pay
Current	1,540.16		0.00	187.33	0.00	1,453.20
YTD	8,141.46		0.00	991.28	0.00	7,721.45
Earnings						
Description	Dates	Hours	Rate	Amount	YTD	
Mileage Reimbursement	04/20/2025 - 05/03/2025	0	0	100.37	571.27	
Overtime Premium	04/20/2025 - 04/26/2025	2.249999	0	22.50	201.79	
Regular Pay	04/20/2025 - 05/03/2025	75.88111	20	1,517.66	7,939.67	
Earnings				1,640.53	8,712.73	
Taxable Wage						
Description					Amount	YTD
OASDI - Taxable Wages					1,540.16	8,141.46
Medicare - Taxable Wages					1,540.16	8,141.46
Federal Withholding - Taxable Wages					1,540.16	8,141.46
State Tax Taxable Wages - IN					1,540.16	8,141.46
County Tax Taxable Wages - 71					1,540.16	8,141.46
					1,540.16	8,141.46
Team Member Taxes						
Description					Amount	YTD
OASDI					95.49	504.77
Medicare					22.33	118.05
State Tax - IN					43.90	232.71
County Tax - 71					25.61	135.75
Team Member Taxes					187.33	991.28
Federal						
Marital Status		Head of Household			State	
Allowances		0			2	
Additional Withholding		0			0	
Payment Information						
Bank	Account Name	Account Number	USD Amount	Amount		
Community Wide	Community Wide *****7286	*****7286	1,453.20	USD		

Elara Caring

Day By Day Hospice, Inc. 2751 Albright Rd. Kokomo, IN 46902						
Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Courtney Smith	Day By Day Hospice, Inc.	223868	05/04/2025	05/17/2025	05/23/2025	
	Gross Pay	Pre-Tax Deductions	Team Member Taxes	Deductions	Net Pay	
Current	1,731.91	0.00	211.10	0.00	1,641.74	
YTD	9,873.37	0.00	1,202.38	0.00	9,363.19	
Earnings					Team Member Taxes	
Description	Dates	Hours	Rate	Amount	YTD	
Mileage Reimbursement	05/04/2025 - 05/17/2025	0	0	120.93	692.20	
Overtime Premium	05/04/2025 - 05/17/2025	4.395554	0	43.96	245.75	
Regular Pay	05/04/2025 - 05/17/2025	84.39555	20	1,687.95	9,627.62	
Earnings				1,852.84	10,565.57	
Taxable Wage						
Description					Amount	YTD
OASDI - Taxable Wages					1,731.91	9,873.37
Medicare - Taxable Wages					1,731.91	9,873.37
Federal Withholding - Taxable Wages					1,731.91	9,873.37
State Tax Taxable Wages - IN					1,731.91	9,873.37
County Tax Taxable Wages - 71					1,731.91	9,873.37
Federal					State	
Marital Status		Head of Household				
Allowances		0			2	
Additional Withholding		0			0	
Payment Information						
Bank	Account Name		Account Number		USD Amount	Amount
Community Wide	Community Wide *****7286		*****7286		1,641.74	USD

ScreeningWorks

PRO

Accurately enrolling applicants in the right program is critical to administering public assistance today. The Work Number# offers current employment and income verifications with real-time delivery and can also help you find unreported income.

Employee Information

Courtney Smith

SSN: xxx-xx-1295

Information Current As Of: 06-14-2024

Employment and Compensation Information

Address: 1333 Southlea Dr

South Bend, IN 46628

Date of Birth: Data not provided

Employer: Firefly Home Care LLC (10231504)

Job Title: Data Not Provided

Employment Status: Active - Works as Needed

Most Recent Start Date: 03-02-2023

Original Hire Date: 03-02-2023

Termination Date: Data not provided

Reason for Termination:

Total Time With Employer: 15 months

Compensation

Rate of Pay: 0.0 **Pay Frequency:** Hourly

Avg. Hrs. Worked/Pay Period: 80.0 **Pay Cycle:** Biweekly

Income Summary

Year	Base	Overtime	Commission	Bonus	Other	Total
2024	\$64.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64.00
2023	\$6,921.17	\$0.00	\$0.00	\$0.00	\$0.00	\$6,921.17

Historical Pay Period Summary

Period Ending	Pay Date	Hours	Gross Earnings	Net Earnings	YTD Gross Earnings
06-09-2024	06-14-2024	\$64.00	\$59.10	Data not provided	
12-10-2023	12-15-2023	\$510.24	\$451.86	Data not provided	
11-26-2023	12-01-2023	\$504.96	\$447.24	Data not provided	
11-12-2023	11-17-2023	\$508.32	\$450.17	Data not provided	