

## 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.

Member Name	Asset Type	Asset Source	Cash Value*	Annual Income from Asset	Jointly Owned? (If Yes, indicate your % of ownership)	If Asset has Joint Ownership
						Will the other owner(s) of the asset reside in the household?
Courtney Dachel Smith	Checking Account	Community Wide	\$ 400.00	\$ 0.00	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Courtney Dachel Smith	Savings Accounts	Community Wide	\$ 20.00	\$ 0.00	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*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:								
	#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) ☒ Rent ☐ Own ☐ 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) ☐ Rent ☐ Own ☐ 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) ☐ Rent ☐ Own ☐ 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) ☐ Rent ☐ Own ☐ 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.



Courtney Dachel Smith



Applicant Signature

Printed Name

Date Signed



Modified 10/8/2024  
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**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

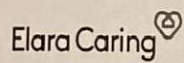
For Hourly Income when we have an employment verification filled out or to make a comparison based on pay stubs wages

	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

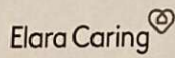




Day By Day Hospice, Inc. 2751 Albright Rd. Kokomo, IN 46902

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	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				Team Member Taxes		
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	
				OASDI	95.49	504.77
				Medicare	22.33	118.05
				State Tax - IN	43.90	232.71
				County Tax - 71	25.61	135.75
Earnings				1,640.53	8,712.73	
				Team Member Taxes	187.33	991.28
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	
		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		1,453.20	USD	



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	Description	Amount	YTD
Mileage Reimbursement	05/04/2025 - 05/17/2025	0	0	120.93	692.20	OASDI	107.38	612.15
Overtime Premium	05/04/2025 - 05/17/2025	4.395554	0	43.96	245.75	Medicare	25.11	143.16
Regular Pay	05/04/2025 - 05/17/2025	84.39555	20	1,687.95	9,627.62	State Tax - IN	49.55	282.36
						County Tax - 71	28.96	164.71
Earnings				1,852.84	10,565.57	Team Member Taxes	211.10	1,202.38

Taxable Wage				Amount	YTD
Description					
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	

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Community Wide	Community Wide *****7286	*****7286		1,641.74 USD



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