

Preferred Language (optional):

MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: Courtney Dachel Smith

First Name

Middle Name

Last Name

Optional Information:

Driver's License # / State ID #: 7350041700

State Issued: IN

Date of Birth: 9/10/1989

Gender: Female Male Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): 313-06-1295 *(If you do not have a SSN please enter 999-99-9999)*

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are **foster children, foster adults, or live-in aides**.

1. Student Status: Full-Time Student Part-Time Student Not a Student

2. Marital Status (optional): Single

Part B: Complete this section if the member is **under 18 years old and not emancipated**:

1. Will this member live in the unit at least 50% of the time? Yes No

2. Will this member live with both parents in the unit? Yes No *

**If you answered No, please complete a Child Support Self-Certification.*

3. Name of the parent/guardian who will sign paperwork on this member's behalf: _____

MEMBER SIGNATURE REQUIRED:

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

Member Signature

Printed Name

Courtney Dachel Smith

Date

04/05/2025

Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 2/6/2024
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Full Legal Name: Cori Lamar Smith
First Name *Middle Name* *Last Name*

Optional Information:

Driver's License # / State ID #: _____ State Issued: _____

Date of Birth: 9/14/2008 **Gender:** Female Male Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): 314-33-3255 *(If you do not have a SSN please enter 999-99-9999)*

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are **foster children, foster adults, or live-in aides**.

1. Student Status: Full-Time Student Part-Time Student Not a Student

2. Marital Status (optional): Single

Part B: Complete this section if the member is **under 18 years old and not emancipated**:

1. Will this member live in the unit at least 50% of the time? Yes No

2. Will this member live with both parents in the unit? Yes No *

**If you answered No, please complete a Child Support Self-Certification.*

3. Name of the parent/guardian who will sign paperwork on this member's behalf: Courtney Dachel Smith

MEMBER SIGNATURE REQUIRED:

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

Member Signature



Printed Name

Courtney Dachel Smith

Date



Check here if an adult signed for a child.



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Full Legal Name: Camryn Lee White

First Name

Middle Name

Last Name

Optional Information:

Driver's License # / State ID #: _____ State Issued: _____

Date of Birth: 7/8/2013

Gender: Female Male Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): 705-79-8482 (If you do not have a SSN please enter 999-99-9999)

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are **foster children, foster adults, or live-in aides**.

1. Student Status: Full-Time Student Part-Time Student Not a Student

2. Marital Status (optional): Single

Part B: Complete this section if the member is **under 18 years old and not emancipated**:

1. Will this member live in the unit at least 50% of the time? Yes No

2. Will this member live with both parents in the unit? Yes No *

*If you answered No, please complete a **Child Support Self-Certification**.

3. Name of the parent/guardian who will sign paperwork on this member's behalf: Courtney Dachel Smith

MEMBER SIGNATURE REQUIRED:

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

Member Signature

Printed Name

Courtney Dachel Smith

Date

Check here if an adult signed for a child.



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INCOME & ASSET QUESTIONNAIRE

For Office Use Only:

This document reflects the sources of income & assets received by:

Individual Member: _____

If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

Certification Effective Date:

7/21/2025

All Members

OR

If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

1. Employment Wages/Salaries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. Military Pay	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i>		<i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i>	
2. Self-Employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Payments from Retirement Accounts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i>		<i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i>	
3. Public Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. Social Security Income	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i>		<i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSOI).</i>	
4. Payments from Annuities or Life Insurance Policies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Supplemental Security Income (SSI) or State Supplemental Payments (SSP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Disability Benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Veterans Benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Recurring Monetary Contributions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Student Financial Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i>		<i>Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.</i>	
7. Payments from Pensions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Unemployment Benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Payments from Indian Trusts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Death Benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Alimony / Spousal Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. Child Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Adoption Assistance Payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20. Other Income:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If Yes, list source(s):	



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 checked="" type="checkbox"/> Yes <input 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

