

<p><b>Instructions for:</b> <b>Form E: Asset Certification</b></p>	 <p>DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING</p>
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**Description:** as a condition of eligibility for permanent supportive housing, each Client must agree to supply the information necessary to verify the Client’s assets; this varies by subsidy program. Some programs require asset information in order to calculate any household income that is received from assets.

**Note:** asset recertification occurs annually for applicable programs.

**Applicability:** all Clients should fill out Form E to document all assets during intake/assessment.

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

**General Instructions:** Form E should be filled out by the Client who will be the Head of the Household. An additional copy of Form E should be filled out by each additional adult (18+) member of the household.

All adult members of the household must identify all assets and either:

- Affirm the lack of assets, **or**
- Submit proof of assets (where required)

The requirements for proof of assets **vary by subsidy source** and may include:

- Documentation: bank statements, receipts, etc.
- Self-declaration forms/statements (typically allowed when assets are less than \$5,000)
- Third-party verification: verification forms completed by the Client’s bank, insurance company, etc. (typically required when assets are \$5,000 or more)

See Table 4 for additional information.

Table 4 includes:

- Examples of documents and third-party verification that may be required
- Additional resources and references

**Note:** Table 4 is included for advisory purposes, only. The actual documentation/verification that is required will be identified by the PSH provider. Additional documentation/verification may be requested at any time during the application process.

**Note:** the following funding sources **do not** require third-party verification:

<b>2</b>	General Fund/LOSP
<b>4</b>	MHSA-FSP
<b>5</b>	HSH Fund (formerly Care Not Cash)

**Note:** the following funding sources **do** require third-party verification:

<b>1</b>	Continuum of Care
<b>3</b>	HUD 202/Section 8 PBV
<b>6</b>	LIHTC - CTCAC

Consult with the PSH provider for further details.

Section	Topic	Instructions
<b>Section 1. Asset Questionnaire:</b>	Lines 1 - 11	Fill out this section as completely as possible  Review each asset type listed (lines 1-11), check “yes” if you have this asset, and “no” if you do not.
	<b>For Staff Use Only:</b> Lines 1 - 11	On each line (1-11), where the Client checked “yes”, fill in the cash value for each asset.  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p><b>Note:</b> asset information will need to be kept current throughout the referral process. It may be prudent to wait to fill in the “cash value” column and certifications until after a housing match has been made.</p> </div>
	<b>For Staff Use Only:</b> Line 4	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p><b>Note:</b> if the Client has an EBT card that is only for food stamps this is not included as an asset.</p> </div>
	<b>For Staff Use Only:</b> Line 7	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p><b>Note:</b> Retirement accounts are sometimes considered income and sometimes considered assets; please review with your supervisor.</p> </div>
	<b>For Staff Use Only:</b> Total Assets (page 3)	Add up all of the values in the “Cash Value” column and record that in the “Total Assets” box.
	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><b>Note: for Checklist 6 (CTCAC) Only.</b>                      The Client will also need to complete the TICQ. The TICQ contains the same information as Section 1, Asset Questionnaire, but the state requires that this be completed on the state form. Please request this form from the PSH provider.</p> </div>	

<b>Section 2. Certifications</b>	Signatures	<b>STOP</b> – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.
	<i>For Staff Use Only: Signatures</i>	<b>Access Point/Coordinated Entry/Housing Navigation staff:</b> <i>once you have reviewed the form and confirmed that it is complete, please ask the Client to sign the form, and do the same.</i>
<b>Section 3. Declaration of Zero Assets [Optional]</b>	Signatures	<b>STOP</b> – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.
	<i>For Staff Use Only: Signatures</i>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Note:</b> <i>it is uncommon for an adult Client to have zero assets. For Clients with zero assets, please consult with your</i></p> </div>	<b>Access Point/Coordinated Entry/Housing Navigation staff:</b> <i>once you have reviewed the form and confirmed that that Client has no assets, please ask the Client to sign the form, and do the same.</i>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Note: for Checklist 6 (CTCAC) Only.</b> <i>The Client will also need to complete and sign the under \$5,000.00 Asset Certification form (if applicable). Please request this form from the PSH provider.</i></p> </div>

	1 - Continuum of Care	3 - HUD 202/Section 8 PBV <sup>11</sup>	6 - LIHTC - CTCAC
<b>TOTAL ASSETS: &lt; \$ 5,000.00</b>	Typically, three (3) months of statements are reviewed for all accounts. Statements must include all pages, including blank pages.	<p>HUD typically requires third-party verification of all assets no matter the total.</p> <p>If third-party party verification is not possible after reasonable attempts source documents such as financial statements may be utilized.</p> <p>Typically, six (6) months of statements are reviewed for average balances. Must include the most current statements.</p>	<p>CTCAC typically allows source documents such as financial statements as verification of assets when total assets are less than \$ 5,000.00.</p> <p>Typically, six (6) months of statements are reviewed. Must include the most current statements.</p> <p><i><b>Note:</b> some PSH providers may require third-party party verification of all assets no matter the total. Consult the provider.</i></p>
<b>TOTAL ASSETS: ≥ \$ 5,000.00</b>	Typically, three (3) months of statements are reviewed for all accounts. Statements must include all pages, including blank pages.	<p>HUD typically requires third-party verification of all assets no matter the total.</p> <p>If third-party party verification is not possible after reasonable attempts source documents such as financial statements may be utilized.</p> <p>Typically, six (6) months of statements are reviewed for average balances. Must include the most current statements.</p>	<p>CTCAC typically requires third-party party verification of assets when total assets are \$ 5,000.00 or more.</p> <p><i><b>Note:</b> PSH providers typically have their own third-party party verification forms. Consult the provider.</i></p>

**Table 4:** Asset Verification

<sup>1</sup> See also: HUD Occupancy Handbook, Exhibit 5-2. [https://www.hud.gov/sites/documents/DOC\\_35701.PDF](https://www.hud.gov/sites/documents/DOC_35701.PDF)