

Income & Asset Questionnaire

Client Name(s) _____

Date: _____

What Program are you applying for? _____

What is your current income sources for everyone in your house?

Employment Name of Employer(s) _____

Retirement (Social Security)

Retirement (Investments, Pension)

Social Security (Disability or Supplemental Security)

Self-Employed (Business, Uber, Lift, Door Dash, other Gig job)

Unemployment

TANF/SNAP (food stamps)

Refugee Cash Assistance

Rental Income

Child Support/Alimony

Other: _____ How often received? _____

What Assets do you or anyone in your home own?

Cash held in savings/checking/safe deposit box

CD (Certificate of Deposit)

Money Market Account

Retirement Account

Capital Investment

Cash value in Whole Life Insurance policy

Equity in rental property

Personal property

Lump sum receipts or one-time receipts

Mortgage or Deed of Trust

Assets disposed of for less than fair market value

Other:

Vehicles – cars, RV, Camper

-Please list all Non-Cash Asset Values:

Type (car, RV, Art, Land, etc.)	Value

If you have more assets, add type/value in space provided. Thank you!

Client(s) Name(s):

Date:

Signature (or name(s) printed: