SECTION 5 STREAMLINED ASSET CERTIFICATION

Streamlined Asset Certification of Net Family Assets and Real Property

This form will be used to determine eligibility under the program's asset limitation and calculate income from assets. Third-party verification is required when net family assets exceed $54,898 (adjusted annually for inflation) and at least once every three years.

A. BANK ACCOUNTS AND OTHER ASSETS

Assets include but are not limited to the following

- ✓ Checking/Savings Accounts
- ✓ Stocks, bonds, mutual funds
- ✓ Annuities
- ✓ Cash value of life insurance
- ✓ Cryptocurrency accounts
- ✓ Capital Investments
- ✓ Collections or luxury items of value that can be converted to cash (i.e., coin collections or recreational vehicles, jewelry)
- ✓ Other (do not include retirement accounts, 529 educational savings accounts

Does your household own any assets listed above at this time?

☐ **Yes. (If yes, complete section below)** ☐ **No. (If no, skip to section B.)**

Member Name	Type of Asset	Name of Bank/ Institution	Account Number	Balance or Current Value	Expected Annual Income to be Earned from this Asset?
				$	$
				$	$
				$	$
				$	$
				$	$

Has anyone in your household received a federal tax refund or refundable tax credits in the past 12 months?

☐ No. ☐ Yes. If yes, what amount was received: _____.

B. DISPOSAL OF ASSETS

In the past 2 years, have you or any household member sold, given away, or transferred any assets for less than they are worth? This includes the assets identified in the list above, as well as any real property.

☐ Yes. (If yes, complete section below) ☐ No. (If no, skip to section C.)

Member Name	Asset Type	The Value of the Asset at the Time	Date of Disposal	Amount Received for Asset
		$		$
		$		$

SECTION 5 STREAMLINED ASSET CERTIFICATION - CONTINUED

C. REAL ESTATE ASSETS

Real estate assets include but are not limited to the following:

- ✓ Land
- ✓ House
- ✓ Condominium
- ✓ Commercial Buildings
- ✓ Timeshares
- ✓ Other

Do you or any member of your assisted family have an ownership interest in any real property?

☐ Yes. (If yes, complete sections below) ☐ No. (If no, continue to section D.)

Property Number	Member Name	Description of Property	Cash Value	Currently for Sale?	Do you have legal Authority to Sell?	Property Jointly Owned with Someone Outside of your Household?
1.				☐ Yes. ☐ No.	☐ Yes. ☐ No.	☐ Yes. ☐ No.
2.				☐ Yes. ☐ No.	☐ Yes. ☐ No.	☐ Yes. ☐ No.

Is the family member who owns the property unable to reside in the unit?

☐ Yes. (If yes, complete sections below) ☐ No. (If no, continue to section D.)

Reason	Property 1	Property 2
Does not meet disability related needs of the family	☐	☐
Not sufficient for family size	☐	☐
Location creates a hardship (e.g., too far from work/school)	☐	☐
Unsafe because of physical condition	☐	☐
Family cannot legally live there under State/local law	☐	☐
Other:	☐	☐

Do you think you may qualify for an exception to the rule that limits assistance for households that own property and are survivors of abuse?

☐ No. (continue to signature section.) ☐ Yes. (Select yes if you believe you are eligible for this exemption and would like more information from the LACDA.?

D. CERTIFICATION OF NET FAMILY ASSETS

Verification Requirements: If your household's net family assets total $54,898 or less, you **DO NOT** need to provide current statements for your household's assets.

If your household's net family assets exceed $54,898, you **MUST** provide third-party computer-generated documents for each asset. **ALL PAGES** of the most current statement for each asset must be provided, and the statement must be dated within 120 days of this request. ATM receipts and transaction history printout will not be accepted.

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 termination of housing assistance. **All household members aged 18 or older must sign below.**

Signature	**Date**	**Signature**	**Date**
Signature	**Date**	**Signature**	**Date**
Signature	**Date**	**Signature**	**Date**