

Down Payment Assistance Program (DPA)  
Income Asset Checklist

Issued by City of Memphis Division of Housing and Community Development.

Each household member who is age 18 or older must complete a separate form, and must provide verification for items checked YES if requested. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink and initial any/all changes. Failure to comply could result in the denial/termination of assistance.

Household Member Name:	Head of Household:	
	Address:	City:

Each item must be fully completed. Please print clearly using black or blue ink.

**Section A – Income**

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately). Name of Employer: <sup>1)</sup> _____ <sup>2)</sup> _____ <b>Date of Hire:</b> _____ Date of Termination: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ List Pretax Deductions (HB programs only): _____
<b>If more than two jobs provide additional information on a separate sheet.</b>			
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$ _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$ _____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$ _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$ _____ State Amount \$ _____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____
If received from more than one source, provide additional information on a separate sheet.			
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits <b>other than Social Security</b> . If yes, from how many sources? _____ (List each source separately. Provide additional information on separate sheet). Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____

## CHECKLIST (continued)

	Yes	No		
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____	Amount: \$ _____ DHS Case #: _____ Telephone: _____ Fax #: _____
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a <b>CASH</b> Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____	DHS Case #: _____ Telephone: _____ Fax #: _____
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid.	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. If yes, from how many persons do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	From how many Friend of the Court(s) do you receive support? _____ Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	From how many Friend of the Court(s) do you receive alimony? _____ Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____	Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____

## CHECKLIST (continued)

A-22  **Yes**  **No** I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 If received from more than one source, provide additional information on a separate sheet.

A-23   I am a full-time student.

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Number of Credit Hours Enrolled: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24   I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately)

Source Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -**

A-25  **Yes**  **No** I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26   I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

**Section B – Assets**

B-1  **Yes**  **No** I have the following accounts  Savings  Checking  Retirement account provided by Employer  
 [check which one(s)]:  IRA's or Keogh  Other \_\_\_\_\_

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

B-2   I own additional real estate. Describe: \_\_\_\_\_

B-3   I have a land contract(s). Describe: \_\_\_\_\_

## CHECKLIST (continued)

- Yes**   **No**
- B-4   I own a mobile home. Describe: \_\_\_\_\_
- B-5   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_
- B-6   I receive income from Indian Trust Land. Describe: \_\_\_\_\_
- B-7   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.) Describe: \_\_\_\_\_
- B-8   I have Treasury Bills, Stocks or Bonds. Check which one(s):    Treasury Bills    Stocks    Bonds  
 How many do you have? \_\_\_\_\_ (List each separately)  
 Name of each source: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account #: \_\_\_\_\_
- If more than two, provide additional information on a separate sheet.
- B-9   I have a life insurance policy **with a cash surrender value**.  
 Source Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_
- If received from more than one source provide additional information on a separate sheet.
- B-10   I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.  
 List items: \_\_\_\_\_ Sale amount \$ \_\_\_\_\_
- B-11   I have income/assets from sources **other** than those listed above. Describe: \_\_\_\_\_
- Source Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_
- If received from more than one source, provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -**

**Yes**   **No**

B-12   I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

**CHECKLIST (continued)**

Please return to:

**City of Memphis HCD  
DPA Program  
170 N Main Street 4<sup>th</sup> Floor  
Memphis, TN 38103  
901.636.7474**

**Certification:**

I certify that only the people listed on the Family Composition form will occupy the unit. I certify the house will be my principal residence and I will not obtain duplicate federal housing assistance while receiving assistance from City of Memphis DPA. I will not live anywhere else without notifying City of Memphis DPA immediately in writing. I will not sublease my assisted residence.

I hereby attest that I have reviewed this entire form and all information has been accurately reported. I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date