



ASSET CHECKLIST

INSTRUCTIONS: Eligibility for the Long Island Home Improvement Program is based on total household income and total household assets. Please complete this form for each member of your household over the age of 18.

Family Member Name: _____

	<u>Value of Asset</u>
1) Do you have cash	
• In a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
• In a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
• In a safety deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
• At home? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
• Anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2) Do you have a trust fund available to your household?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3) Do you have any equity in any rental property or other capital investments?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4) Do you have any stocks, bonds, treasury bills, certificates of deposits, or money market funds?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5) Do you have any retirement or pension funds?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6) Will you receive any lump sum payments?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7) Are you holding any personal items as investments (antiques, cars, coin, stamp, collections, etc.)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8) Do you have a "Whole Life" Life Insurance Policy?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Applicant's Certification

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

Head of Household's Name _____

Head of Household's Signature _____

Date _____