



Kekuilani Gardens
91-1045 Kekuilani Loop
Kapolei, HI 96707

Kekuilani Gardens is a family property located in Kapolei, O'ahu and is subsidized by USDA Rural Development.

- Structure:** Seven, two-story, eight-plex buildings and one community building.
- Unit Type:** 55 two-bedroom units (790 sq. ft);
All units are partly furnished
- Utilities:** Water included in rent; Tenant is responsible for Electric & Gas
- Amenities:**
- On-site laundry facilities
 - Community building
 - Playground
- Pets:** "NO PET POLICY" *Accommodation considered for verifiable service animals*
- Occupancy Limit:** Two Bedroom: 2 to 5 people
- Income Limit:** Adjusted Income Limits as periodically posted by USDA
- Rent:** Approximately 30% of household's total adjusted annual income
- Waitlist Priority:** Management will observe preferences listed below, prioritized in the order of the list below and any sub-lists:
- Income Level: 1) Very Low 2) Low 3) Moderate
- Any applicant on the waiting list with a Letter of Priority Entitlement (LOPE) would be placed at the top of the unit size and income level appropriate*



**MaRK**

DEVELOPMENT, INC.

3165 Waialae Avenue, Suite 200, Honolulu, Hawaii 96816

Ph: (808) 735-9099

e-Fax: (781) 295-3427

RENTAL HOUSING APPLICATION**KEKUILANI GARDENS**

91-1045 KEKUILANI LOOP

KAPOLEI, HI 96707

MGMT. USE ONLY:

Date Received

Time

NOTICE: Provide ALL requested information in application. **DO NOT LEAVE ANY BLANKS.** If a question or section does not apply, mark the question or section 'N/A'. Incomplete and illegible applications will be rejected. This application is subject to review, acceptance and approval by Mark Development, Inc.

HEAD OF HOUSEHOLD:

(Last)

(First)

(Middle Initial)

CO-HEAD OF HOUSEHOLD:

(Last)

(First)

(Middle Initial)

Residence Address:

Mailing Address (If Different):

Home Ph#

Cell Ph# (Head)

Cell Ph# (Co-Head)

Email:

Checked Frequently: ☐ YES ☐ NODo you or any member of your household require specific accommodations, as a person with a disability? ☐ YES ☐ NO

Type of accommodation:

Have you lived in a government subsidized project? ☐ YES ☐ NO

If yes, give name of project: and date you lived there:

Other States you lived in: ☐ N/AHave you received any kind of rental assistance? ☐ YES ☐ NO

If yes, give program and dates your received assistance:

Do you currently: ☐ RENT or ☐ OWN

Amount of current monthly rental/mortgage payment \$ No. of Bedrooms in Current Unit:

If owned, do you receive monthly rental income from the property? ☐ YES ☐ NOUtilities paid by you: ☐ Electric ☐ Gas ☐ Water ☐ Sewer ☐ Other:

Monthly utilities you pay \$

Bedroom size requested: ☐ Two Bedroom (2-5 people)

Briefly describe your reasons for applying:

How did you hear about
Kekuiani Gardens?☐ Newspaper ☐ Craigslist ☐ Friend/Family ☐ Other (please list):

HOUSEHOLD COMPOSITION

List **ALL** persons who will live in the unit. List the head of household first.

| | Full Name | Relationship to Head of Household | Date of Birth <i>mm/dd/yy</i> | Age | Social Security No. | Citizen? | Full Time Student <i>Includes K-12</i> |
|------|-----------|-----------------------------------|----------------------------------|-----|---------------------|--|--|
| Head | | Head | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have there been any changes in household composition in the LAST twelve months? ☐ Yes ☐ No

Do you anticipate any changes in household composition in the NEXT twelve months? ☐ Yes ☐ No

Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ No

If "YES" to any of the above, explain:

| |
|--|
| |
| |

STUDENT STATUS

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year OR plan to be in the next calendar year at an educational institution with regular faculty and students? *Includes grades K-12, College, University, Technical, Mechanical, Trade School, etc.* ☐ YES ☐ NO

If "YES", answer the following:

Are any full-time students(s) married and filing a joint tax return? ☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No

Are any full-time student(s) a TANF or Title IV recipient? ☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return and whose children are not dependents of anyone outside the household, other than a parent? ☐ Yes ☐ No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐ Yes ☐ No

STUDENT INFORMATION

List information for household members that are **Full-Time Students ONLY - Age 18 or Older**

| | | |
|--------------|----------------------|--------------------|
| Name: | Semester Start Date: | Semester End Date: |
| Institution: | | |
| Name: | Semester Start Date: | Semester End Date: |
| Institution: | | |
| Name: | Semester Start Date: | Semester End Date: |
| Institution: | | |



The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

1. **Head of Household Name:** _____

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Ethnicity: *(Select One)*

☐ Hispanic or Latino
☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

2. **Household Member Name:** _____

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Ethnicity: *(Select One)*

☐ Hispanic or Latino
☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

3. **Household Member Name:** _____

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Ethnicity: *(Select One)*

☐ Hispanic or Latino
☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

4. **Household Member Name:** _____

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Ethnicity: *(Select One)*

☐ Hispanic or Latino
☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

5. **Household Member Name:** _____

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Ethnicity: *(Select One)*

☐ Hispanic or Latino
☐ Non-Hispanic or Non-Latino

Sex: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No



INCOME

List **ALL** projected sources of income as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. **DO NOT LEAVE ANYTHING BLANK.** Refer to the "Income Checklist" on Page 11 for information and details regarding income. If additional space is required, please make copies of this income section form and attach it.

| Name | Source of Income | Gross MONTHLY |
|-------|--|---------------|
| Name: | Social Security Income | \$ |
| Name: | Social Security Income | \$ |
| Name: | Social Security Income | \$ |
| Name: | SSI Benefits | \$ |
| Name: | SSI Benefits | \$ |
| Name: | SSI Benefits | \$ |
| Name: | Welfare Benefits/Public Assistance | \$ |
| Name: | Welfare Benefits/Public Assistance | \$ |
| Name: | Pension List Source: | \$ |
| Name: | Pension List Source: | \$ |
| Name: | Veteran's Benefits Claim #: | \$ |
| Name: | Veteran's Benefits Claim #: | \$ |
| Name: | Unemployment/Worker's Compensation | \$ |
| Name: | Unemployment/Worker's Compensation | \$ |
| Name: | Full-Time Student Income (18 & Over Only) | \$ |
| Name: | Financial Aid - Grants & scholarships exceeding the amount of tuition may have to be included in total income | \$ |
| Name: | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| Name: | Scheduled Payments from Investments | \$ |
| Name: | Interest Income Source: | \$ |
| Name: | Contributions to the Household (Monetary or not) | \$ |
| Name: | Monthly Cash Gifts Source: | \$ |
| Name: | Other Income Source: | \$ |
| Name: | Other Income Source: | \$ |
| Name: | Other Income Source: | \$ |
| Name: | Employment | \$ |
| | Employer: | |
| | Address: | |
| | Telephone #: Supervisor: | |
| Name: | Employment | \$ |
| | Employer: | |
| | Address: | |
| | Telephone #: Supervisor: | |
| Name: | Employment | \$ |
| | Employer: | |
| | Address: | |
| | Telephone #: Supervisor: | |



| | | |
|-------|-------------------|-------------|
| Name: | Employment | \$ |
| | Employer: | |
| | Address: | |
| | Telephone #: | Supervisor: |
| Name: | Employment | \$ |
| | Employer: | |
| | Address: | |
| | Telephone #: | Supervisor: |

| | | |
|-------|---|--|
| Name: | Alimony | |
| | Are you legally entitled to receive alimony? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If YES, list the amount you are entitled to receive: | \$ |
| | Do you receive alimony? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If YES, list amount you actually receive: | \$ |

| | | |
|-------|---|--|
| Name: | Child Support | |
| | Are you legally entitled to receive child support? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If YES, list the amount you are entitled to receive: | \$ |
| | Do you receive child support? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If YES, list amount you actually receive: | \$ |

| | |
|--|----|
| TOTAL GROSS ANNUAL INCOME <i>(Based on the monthly amounts listed above x 12)</i> | \$ |
|--|----|

| | |
|--|--|
| 1. Do you anticipate any changes in this income in the <u>NEXT</u> twelve months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does any member of the household currently or anticipates receiving receive income or assistance (<i>monetary or not</i>) from someone who is <u>NOT</u> a member of the household? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the income described in questions #2 and #3 above being received? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "YES" to any of the above, explain: | |
| | |

| ASSETS | | | |
|---|---------------------|--------------|----------------|
| List ALL household assets (excluding personal property) as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. DO NOT LEAVE ANYTHING BLANK. Refer to the "Asset Checklist" on Page 11 for information and details on Assets. If additional space is required, make copies of this asset section & attach it. | | | |
| Name: | Cash on Hand | | \$ |
| Name: | Cash on Hand | | \$ |
| Name: | Cash on Hand | | \$ |
| Checking Accounts | | | Balance |
| Name: | Acct # | Bank/Branch: | \$ |
| Name: | Acct # | Bank/Branch: | \$ |
| Name: | Acct # | Bank/Branch: | \$ |
| Name: | Acct # | Bank/Branch: | \$ |



| | | | | |
|-------------------------------|----------|---------------|-------------------------|-------------------|
| Savings Accounts | | | | Balance |
| Name: | Acct # | Bank/Branch: | \$ | |
| Name: | Acct # | Bank/Branch: | \$ | |
| Name: | Acct # | Bank/Branch: | \$ | |
| Name: | Acct # | Bank/Branch: | \$ | |
| Certificate of Deposit | | | | Cash Value |
| Name: | Acct # | Bank/Branch: | \$ | |
| Name: | Acct # | Bank/Branch: | \$ | |
| Savings Bonds | | | | Cash Value |
| Name: | Bond # | Bank/Branch: | \$ | |
| Name: | Bond # | Bank/Branch: | \$ | |
| Life Insurance | | | | Cash Value |
| Name: | Policy # | Institution: | \$ | |
| Name: | Policy # | Institution: | \$ | |
| 401(k)/401(b) | | | | Cash Value |
| Name: | Acct # | Fund Manager: | \$ | |
| Name: | Acct # | Fund Manager: | \$ | |
| IRA/Retirement | | | | Cash Value |
| Name: | Acct # | Fund Manager: | \$ | |
| Name: | Acct # | Fund Manager: | \$ | |
| Trust Account | | | | Cash Value |
| Name: | Acct # | Fund Manager: | \$ | |
| Name: | Acct # | Fund Manager: | \$ | |
| Mutual Funds | | | | Cash Value |
| Name: | Symbol: | # of Shares: | Interest/Dividends: \$ | \$ |
| Name: | Symbol: | # of Shares: | Interest/Dividends: \$ | \$ |
| Stocks | | | | Cash Value |
| Name: | Symbol: | # of Shares: | Interest/Dividends: \$ | \$ |
| Name: | Symbol: | # of Shares: | Interest/Dividends: \$ | \$ |
| Bonds | | | | Cash Value |
| Name: | Symbol: | # of Shares: | Interest/Dividends: \$ | \$ |
| Name: | Symbol: | # of Shares: | Interest/Dividends: \$ | \$ |
| Investment Property | | | Appraised Value: | \$ |

| | | |
|---|--|--|
| Does any household member own any Real Estate property? <i>If YES, answer questions below.</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Property: | | |
| Location of Property: | | |
| Appraised Market Value: | | \$ |
| Mortgage or outstanding loans balance: | | \$ |



| | |
|--|--|
| Does any member of the household have an asset(s) owned jointly with a person who is <u>NOT</u> a member of the household as listed on Page 1? If YES, explain below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| | |
| Do they have access to the asset(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| Have you sold/disposed of any <i>property</i> in the last 2 years? If "YES", answer the following: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Property: | |
| Market Value when sold/disposed: | \$ |
| Date of transaction: | Amount sold/disposed for: \$ |

| | |
|--|--|
| Have you disposed of any <i>other</i> assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? If "YES", answer the following: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the asset: | |
| Date of disposition: | Amount disposed: \$ |

| | |
|---|--|
| Do you have any other assets not listed above (excluding personal property)? Describe below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ |
| | \$ |

| <u>MONTHLY MEDICAL EXPENSES</u> | | | | |
|---|----------|------------------|------------------|---------------------|
| Do you pay for out-of-pocket medical expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list <i>ESTIMATED</i> monthly medical expenses of ALL persons who will live in the unit that are <u>not</u> reimbursed by an outside agency. | | | | |
| Name of Household Member | Medicare | Health Insurance | Medical Expenses | Disability Expenses |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |

| <u>CHILD CARE EXPENSES</u> | | |
|---|-------------|--|
| Do you pay for child care expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list child care incurred due to an adult household member's Schooling/Employment/Search for Employment. <u>COMPLETE FOR CHILDREN 12 YEARS AND YOUNGER ONLY.</u> | | |
| Name of Child | Amount Paid | Name & Address of Person/Agency caring for child |
| | \$ | |
| | \$ | |
| | \$ | |



| ADDITIONAL INFORMATION | |
|--|--|
| Are you or any member of your household currently using an illegal substance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any member of your household ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you or any member of your household smoke tobacco or any other plant material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for drug offenses? <i>If yes, have you or any member of your household successfully completed a drug rehabilitation program?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for any criminal activity or crime(s) of violence, or property theft offenses, or firearm offenses (<i>excluding traffic violations</i>)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea has been granted for manufacturing or producing methamphetamine? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any member of your household ever filed for bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If “YES” to <u>any of the above</u> , provide name(s) of household members involved, date(s) of incidents, and details and mitigating circumstances/explanations on the “Explanation Sheet” below. | |

Explanation Sheet:

[illegible]

REFERENCE INFORMATION

List your CURRENT and PREVIOUS landlords for the PAST 5 YEARS. **If you were living with family or friends, please give the name of the person you lived with and/or paid rent to.*

| | |
|--------------------------|-------------------|
| CURRENT LANDLORD | Name: |
| | Address: |
| | Phone: |
| | Email/Fax: |
| | Dates of Tenancy: |
| PREVIOUS LANDLORD | Name: |
| | Address: |
| | Phone: |
| | Email/Fax: |
| | Dates of Tenancy: |
| PREVIOUS LANDLORD | Name: |
| | Address: |
| | Phone: |
| | Email/Fax: |
| | Dates of Tenancy: |

Personal References

| Name of Reference | Address | Relationship | Phone Number |
|-------------------|---------|--------------|--------------|
| | | | |
| | | | |

VEHICLE INFORMATION

List cars, trucks, or other vehicles that you operate and maintain. All vehicles must have current vehicle registration, safety check and insurance. Only vehicles that fit in parking space will be allowed.

| Vehicle 1 | | Vehicle 2 | |
|--------------------|--------|--------------------|--------|
| Type of Vehicle: | | Type of Vehicle: | |
| Year/Make/Model: | | Year/Make/Model: | |
| License Plate #: | Color: | License Plate #: | Color: |
| Insurance Carrier: | | Insurance Carrier: | |
| Owner: | | Owner: | |


ACKNOWLEDGEMENT, CERTIFICATION AND SIGNATURE LINES ON NEXT PAGE



CERTIFICATION: I/We hereby certify that I/we do/will **NOT** maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our primary residence. I/We understand I/we must pay a security deposit for this unit prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the Tenant Selection Criteria for this specific project as established by Mark Development, Inc. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize Mark Development, Inc. to verify any information contained in the rental application at any time, including but not limited to, verification of residency, employment, income, assets and landlord references. I/We understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorizes Mark Development, Inc. to obtain such reports as allowed by the Fair Credit Reporting Act and any information related to criminal activities.. This is for preliminary screening use only and does not obligate Mark Development, Inc. to execute a rental agreement or deliver possession of the premises.

ACKNOWLEDGMENT: My initial below acknowledges that I am aware and understand that a copy of the current Tenant Selection Plan is readily available for my review at www.mdihawaii.com and/or a copy may be provided to me per my request.

I certify that I have read, understand and accept the current Tenant Selection Plan.

 **INITIAL:** _____ (*Head of Household*)

All adult applicants 18 years and older and emancipated applicants under the age of 18 must sign application.

Head

Date

Co-Head

Date

Adult over 18 yrs.

Date

Adult over 18 yrs.

Date

Adult over 18 yrs.

Date

Please be advised that if you knowingly give the managing agent false information regarding income or other factors considered in determining your eligibility and rent, you could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000.00 and imprisonment for up to five years.



INCOME CHECKLIST

It is important that you include all income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current and anticipated income.

1. **Employment Income** *This does not include employment income of children younger than 18 or live-in aides:*
 Wages Bonuses Salaries Tips
 Overtime Pay Fees Commissions Full-Time Student Income (18 & Over Only)
 Any other amounts adult household members earn from working for other people or from their own business.
2. **Benefit Payments** *This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income [SSI]:*

| | | | |
|--|----------------|----------------------------|---------------------------|
| Social Security | Annuities | SSI | Insurance Policy Payments |
| Worker's Compensation | Pensions | Disability Pay or Benefits | Retirement Fund Benefits |
| Unemployment Benefits | Death Benefits | Severance Pay | Veteran's Benefits |
| Title IV/TANF | | | |
| Any other benefit payments (e.g. veterans, disability, black lung sick benefits, dependent indemnity compensation) | | | |
3. **Welfare Assistance** *This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disable person.*
4. **Alimony and/or child support** *This includes adoption assistance payments.*
5. **Interest, dividends, and other income from household assets:** *Interest from bank accounts or bonds, Dividends from stocks or mutual funds, Income distributed from trust funds, Money from renting household assets, Any other interest, dividends, or rent, including children's unearned income)*
6. **Lottery winnings paid in periodic payments**
7. **Money or gifts regularly given by persons not living in the unit** *This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis.*
8. **Any other sources of income**

ASSET CHECKLIST

It is important that you include all Assets owned by each member of your household. The following is a list of items the government counts as assets in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current assets.

1. **Cash held in savings and checking account, pre-paid debit cards, safe deposit boxes, homes, etc.**
2. **Revocable Trusts**
3. **Equity in Rental Property or other Capital investment**
4. **Stocks, Bonds, Mutual Funds, Treasury Bills, Certificates of Deposit, Money Market Accounts**
5. **Individual Retirement and Keogh Accounts**
6. **Retirement and Pension Fund** *(amount that can be withdrawn less penalties and costs while employed without retiring or terminating employment)*
7. **Cash Value of Life Insurance Policies** *(surrender value before death of a whole life/universal life policy)*
8. **Personal Property held as Investments**
9. **Lump sum receipts or one-time receipts** *(inheritance; capital gains; on-time lottery winnings; victim's restitution; insurance settlements and claims; and other amounts not intended as periodic payments)*
10. **Mortgage or Deed of Trust held by household member**

