**Household Member Name: Log #:**

**Applicant/Tenant Certification:**

This is to certify the cash value of assets for the above-named individual. Assets includes but is not limited to:

1. Savings accounts (EBT Cash, Direct Express Cards, etc.)
2. Nontraditional electronic accounts (Venmo, Square Cash, Paypal, etc.)
3. Checking accounts
4. Investment accounts (Stocks, Cryptocurrency, Bonds, Vested Retirement fund, etc.)
5. Real Estate property
6. Cash savings
7. Other investment holdings (Gems, Coin Collection, Safe Deposit Box etc.)
8. Assets disposed within the last two years
9. Any other assets not named above.

**I certify, under penalty of perjury, that my assets are as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Asset** | **Financial Institution** | **Account No.** | **Cash Value** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified, or otherwise misrepresented any information. I fully understand that any and all information I provide during this certification process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

Signature Date

*Sworn to and subscribed before me on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_.*

*Notary Public*

**Owner/Representative Certification:**

I understand that a self-declaration may only be accepted if the information cannot be verified by another acceptable verification method. The reason why third-party verification is not available is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Owner/Representative Signature Date