

Declaration of Assets

I,.....(NAME)(DATE OF BIRTH)..... SOCIAL SECURITY NUMBER (if applicable) give herein below the details of the assets (bank balance, life insurance, etc.) of myself, my spouse and dependents*

A. Details of assets

(Assets in joint name indicating the extent of joint ownership will also have to be given) *Please report the Cash Value of any Whole Life Insurance Policy and the current trade in value of your vehicles and boats

Sr. No.	Description	Self	Spouse Name S	Dependent-I Name	Dependant-2 Name	Dependant-3 Etc. Name
(i)	Cash					
(ii)	Deposits in Banks, Financial Institutions And Non-Banking Financial Companies					
(iii)	Bonds, Stocks (Current Market Value)					
(iv)	Income producing Properties					
(v)	*Motor Vehicles and boats (make, model, year) Current trade in value					
(vi)	*Whole Life Insurance and Lump Sums					
(vii)	Other assets, such as values of claims, IRA's, interests, Trusts, 401K, 403B					

* Dependent here means a person substantially dependent on the income of the applicant.

I hereby declare that the above details are true to the best of my knowledge and belief.

Signature:.....

Print Name:.....

Date:.....

Note: Any falsification of the above information may result removal of your Financial Assistance Program Created: 3/14 Revised: 11/14