

# PROGRAM NAME NET WORTH DETERMINATION FORM

In addition to the income requirements, to be eligible for the PROGRAM NAME your total household net worth at the end of the previous year can be no more than \$10,000. For the purposes of this form, "household" refers to you, your spouse, and all dependents and any other individual(s) living as a family unit within the household.

Name: \_\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## SECTION 1: Assets / Liabilities *Excluded from* Net Worth Determination

1 Do you or any member of your household own a home?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Do you or any member of your household own a vehicle?	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 2: Assets / Liabilities *Included in* Net Worth Determination

	Circle one		ASSETS		LIABILITIES
1 Do you or any member of your household own more than one vehicle?	<input type="text"/> yes / no	Estimated value of additional vehicle(s):	<input type="text"/> \$	Loan amount on additional vehicle(s):	<input type="text"/> \$
2 Do you or any member of your household own a business?	<input type="text"/> yes / no	Business value (estimate):	<input type="text"/> \$	Loan amount for business:	<input type="text"/> \$
3 Do you or any member of your household own rental property or land?	<input type="text"/> yes / no	Property value (estimate):	<input type="text"/> \$	Loan amount on property:	<input type="text"/> \$
4 Do you or any member of your household own stocks, bonds, 401K, IRA, other investments?	<input type="text"/> yes / no	Value of investments:	<input type="text"/> \$		
5 Do you or any member of your household have checking account(s)?	<input type="text"/> yes / no	Amount in checking account(s):	<input type="text"/> \$		
	<b>Circle one</b>		<b>ASSETS</b>		<b>LIABILITIES</b>

6 Do you or any member of your household have savings account(s) (other than FSA)?	<input style="width: 100%; height: 20px;" type="text"/>	Amount in savings account(s):	<input style="width: 100%; height: 20px;" type="text"/>		
7 Do you or any member of your household have a life insurance policy?	<input style="width: 100%; height: 20px;" type="text"/>				
8 Do you or any member of your household have student loans?	<input style="width: 100%; height: 20px;" type="text"/>		Amount of student loans:	\$ <input style="width: 100%; height: 20px;" type="text"/>	
9 Do you or any member of your household have past due household bills?	<input style="width: 100%; height: 20px;" type="text"/>		Amount due:	<input style="width: 100%; height: 20px;" type="text"/>	
10 Do you or any member of your family have credit card bills?	<input style="width: 100%; height: 20px;" type="text"/>		Amount owed:	<input style="width: 100%; height: 20px;" type="text"/>	
11 Do you or any member of your household have medical bills?	<input style="width: 100%; height: 20px;" type="text"/>		Amount of medical bills:	<input style="width: 100%; height: 20px;" type="text"/>	
12 Do you or any member of your household owe money to family/friends?	<input style="width: 100%; height: 20px;" type="text"/>		Amount owed to family/friends:	<input style="width: 100%; height: 20px;" type="text"/>	
13 Do you or any member of your household have any other debts not listed here (briefly describe below)?	<input style="width: 100%; height: 20px;" type="text"/>		Amount of additional debts:	<input style="width: 100%; height: 20px;" type="text"/>	
		<b>TOTAL ASSETS:</b> (sum of all assets in Sect. 2)	\$ <input style="width: 100%; height: 20px;" type="text"/>	<b>TOTAL LIABILITIES:</b> (sum of all liabilities in Sect. 2)	<input style="width: 100%; height: 20px;" type="text"/>
<b>NET WORTH DETERMINATION:</b> This total must be \$10,000 or less to meet the net worth eligibility criterion for the PROGRAM NAME					
			<b>TOTAL ASSETS (listed above) - TOTAL LIABILITIES (listed above) =</b>		
			<input style="width: 100%; height: 20px;" type="text"/>		

**\*\* I, the Applicant, certify that the above information is true and complete\*\***

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_