

ADDI – BORROWER FORM B

INCOME/ASSET CHECKLIST

Arkansas Development Finance Authority – HOME Program

Arkansas Dream Downpayment Initiative (ADDI)

Complete a separate form for each household member who is age 18 or older and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Provide address, phone number, fax number, and additional information for all YES answers as requested. If completing by hand, use black or blue ink. Initial any/all changes.

Household Member Name:		Head of Household:	
		Address:	City:

S-1	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a student. If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time; _____ of credit hours per _____ (semester/quarter)
		Name of School: _____ Credits Hours: _____ per <input type="checkbox"/> quarter <input type="checkbox"/> semester
		Street Address: _____ Contact Person: _____
		City, State, ZIP: _____ Telephone: _____
		E-mail address: _____ Fax: _____

If attending more than one school, provide additional information in the supplemental information area below or on a separate sheet.

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am self-employed (this includes “gig” jobs like Uber, Doordash, etc.). If yes, describe:
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A-1 I am self-employed (this includes “gig” jobs like Uber, Doordash, etc.). If yes, describe:

A-2 I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately).

	Job 1	Job 2
Name of Employer:	_____	_____
Date of Hire:	_____	_____
Date of Termination:	_____	_____
Street Address:	_____	_____
City, State, ZIP:	_____	_____
E-mail address:	_____	_____
Contact Person:	_____	_____
Telephone:	_____	_____
Fax:	_____	_____

My wages, including hours worked and/or overtime, tend to vary on a seasonal basis.

My pay includes periodic bonuses (e.g., annual bonus, quarterly profit sharing, periodic retention bonuses, etc.).
If more than two jobs provide additional information on a separate sheet.

A-3 I receive tips. If yes, in the amount of \$_____ per week.

A-4 I am unemployed. If yes, I have been unemployed since ____/____/____.

A-5 I receive unemployment benefits since ____/____/____. I will will not receive an extension.

A-6 I am not presently unemployed but do have predictable periods of unemployment over the year. If yes, describe:

A-7 I receive periodic payments from Workers’ Compensation. If yes, Amount \$ _____ per _____ (e.g., week, month, etc.)

A-8 I receive military active-duty allotments. If yes, Amount \$ _____ per _____ (e.g., week, month, etc.)

A-9 I receive Veteran’s Administration benefits. If yes, Amount \$ _____ per _____ (e.g., week, month, etc.)
VA File # _____

A-10 I receive Social Security. If yes, Amount \$_____ per month (include gross amount before any Medicare premium)

A-11 I receive Supplemental Security Income (SSI).
Amount: \$_____ per _____ (e.g., week, month, etc.)

Income/Asset Checklist (continued)

A-12 I receive periodic payments from retirement funds or pensions. If yes, how many? _____
Source Name: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax: _____
E-mail address: _____ Account #: _____
Amount: \$_____ per _____ (e.g., week, month, etc.)

If received from more than one, provide additional information in the supplemental information area below or on a separate sheet.

A-13 I receive disability or death benefits **other than Social Security**.
If yes, from how many sources? _____ (List each source separately. *Provide additional information on separate sheet*).
Source Name: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax: _____
E-mail address: _____ Account #: _____
Amount: \$_____ per _____ (e.g., week, month, etc.)

A-14 I receive a **CASH** Public Assistance grant (e.g., TANF, AFDC, etc.). Does not include SNAPs (aka Food Stamps)
Source Name: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax: _____
E-mail address: _____ Case #: _____

A-15 I **am entitled to** receive child support. If yes, from how many persons are you to receive support? _____
If yes, is child support paid via Arkansas' Office of Child Support Enforcement? Yes No
If not paid via OCSE, who pays your support:

Do you actually receive the ordered/agreed to child support? Yes/Regularly Yes/Sporadically No
If no, describe what steps have been taken to collect:

Agency: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax: _____
E-mail address: _____ Case #: _____
Amount: \$_____ per _____ (e.g., week, month, etc.)

Is any of the child support to which you are entitled scheduled to end within the next three (3) years? If yes, describe:

A-16 I **am entitled to** receive alimony. If yes, from how many persons do you receive alimony? _____
Do you actually receive the ordered/agreed to alimony? Yes/Regularly Yes/Sporadically No
If no, describe what steps have been taken to collect:

Agency: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax: _____
E-mail address: _____ Case #: _____
Amount: \$_____ per _____ (e.g., week, month, etc.)

A-17 I receive adoption assistance payments. If yes, how many sources? _____
Agency: _____ Contact Person: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax: _____
E-mail address: _____ Case #: _____
Amount: \$_____ per _____ (e.g., week, month, etc.)

If received from more than one, provide additional information in the supplemental information area below or on a separate sheet.

Income/Asset Checklist (continued)

A-18 I receive periodic payments from a trust, annuity, or inheritance. If yes, how many sources? _____

Source Name: _____ Account #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax: _____
 E-mail address: _____ Contact Person: _____
 Amount: \$ _____ per _____ (e.g., week, month, etc.)

If received from more than one, provide additional information in the supplemental information area below or on a separate sheet.

A-20 I receive periodic payments from insurance policies. If yes, how many sources? _____

Source Name: _____ Account #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax: _____
 E-mail address: _____ Contact Person: _____
 Amount: \$ _____ per _____ (e.g., week, month, etc.)

If received from more than one, provide additional information in the supplemental information area below or on a separate sheet.

A-21 I receive periodic payments from lottery winnings.

Source Name: _____ Account #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax: _____
 E-mail address: _____ Contact Person: _____
 Amount: \$ _____ per _____ (e.g., week, month, etc.)

If received from more than one, provide additional information in the supplemental information area below or on a separate sheet.

A-23 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

Source Name: _____ Account #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax: _____
 E-mail address: _____ Contact Person: _____
 Amount: \$ _____ per _____ (e.g., week, month, etc.)

If received from more than one, provide additional information in the supplemental information area below or on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household

A-24 I have a family member(s) age 17 or under who receive **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type/Source	Amount	Frequency (e.g., per month)
		\$	
		\$	
		\$	
		\$	

A-25 I have a family member(s) age 17 or under who receive **earned** income from employment. List each job separately.

Name	Employer	Amount	Frequency (e.g., per month)
		\$	per (week/month)
		\$	per (week/month)
		\$	per (week/month)
		\$	per (week/month)

If received from more than listed, provide additional information in the supplemental information area below or on a separate sheet.

Income/Asset Checklist (continued)

Section B – Assets

Yes No

B-1 I have the following accounts Savings Checking
 [check which one(s)]: 401(k), 403(b), or other employer sponsored retirement account
 IRA's or Keogh Health Savings Account (HSA) Other _____

How many banks, credit unions, savings and loans, etc. do you have accounts with? (List each separately)

Account Type: _____
 Bank/Institution: _____
 Account Number: _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax: _____

If more than two, provide additional information in the supplemental information area below or on a separate sheet.

B-2 I own additional real estate. If yes, describe:
 B-3 I receive payments under a land contract(s). If yes, describe:
 B-4 I own a mobile home. If yes, describe:
 B-5 I receive income from rental of real estate or personal property. If yes, describe:
 B-6 I receive income from Indian Trust Land. If yes, describe:
 B-7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.). If yes, describe:

B-8 I have Treasury Bills, Stocks, Bonds, mutual/index funds, or investments.
 Check which one(s): Treasury Bills Stocks Bonds Mutual/Index/Exchange Traded Funds
 Cryptocurrency (e.g., Bitcoin, Ethereum, etc.) Other

How many do you have? (List each separately)

Brokerage: _____
 Account Number: _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax: _____

If more than two, provide additional information in the supplemental information area below or on a separate sheet.

B-9 I have a life insurance policy with a cash surrender value (e.g., "whole life" insurance).
 Insurance Co.: _____ Policy Number: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax: _____
 E-mail address: _____ Contact Person: _____

If more than one, provide additional information in the supplemental information area below or on a separate sheet.

B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. If yes, describe items sold and sale amounts:

B-11 I have income/assets from sources **other** than those listed above. If yes, describe: _____

If more than one, provide additional information in the supplemental information area below or on a separate sheet.

Income/Asset Checklist (continued)

Section C – Total Projected Income & Assets (Lender and/or ADFA Use Only)

Use this section to itemize and total the income and assets attributable to each individual identified household member. For any joint income or accounts or sources paid to a parent on behalf of a minor (e.g., Social Security survivor benefits) be sure not to double-count an income source or asset when totaling the household income.

Example: Income

Income Source: (A-2) Employment – ACME Health	Documentation: 5 consecutive paystubs covering 10 weeks	Annual Projection: \$29,350.10
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Show/Describe Calculations:
 Most current bi-weekly paystub 4/29 (9th pay date of year) – YTD gross wages of \$10,159.64
 $\$10,159.64 \div 9 = \$1,128.85$ per period x 26 pay period per year = \$29,350.10

Example: Assets

Asset Type: Savings Acct - Credit Union	Documentation of Asset Value: Jan + Dec Statements	Annual Projection: \$45.00
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Show/Describe Calculations: Jan acct statement – Current account balance of \$4,500.00 with APY = 1.00% $\$4,500 \times 1.00\% = \45.00

Total Income Projection: \$ 29,395.10

Household Member Name:

Periodic Income

Income Source:	Documentation:	Annual Projection: \$
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Show/Describe Calculations:

Income Source:	Documentation:	Annual Projection: \$
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Show/Describe Calculations:

Income Source:	Documentation:	Annual Projection: \$
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Show/Describe Calculations:

Subtotal Periodic Income Projection: \$

Assets and Income From Assets

Asset Type:	Documentation:	Asset Value: \$ Interest Rate: %	Annual Projection: \$
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Asset Type:	Documentation:	Asset Value: \$ Interest Rate: %	Annual Projection: \$
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Asset Type:	Documentation:	Asset Value: \$ Interest Rate: %	Annual Projection: \$
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If net asset value is greater than \$5,000, then calculate the imputed income, then use the greater of the imputed income or the net projection of actual income from assets in the final income projection total.

Subtotal Assets: \$	Passbook Rate: 0.06%	Imputed Income: \$	Subtotal Projection of Actual Income from Assets: \$
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(Subtotal of periodic income above plus subtotal of income earned or imputed from assets) Total Income Projection: \$

Lender Representative Name:	Initials:	Date: __/__/__
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Additional Lender Comments/Notes:

ADFA Reviewer Name:	Initials:	Date: __/__/__
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Additional ADFA Comments/Notes: