

ASSET DISPOSAL VERIFICATION

I/We, \_\_\_\_\_, who reside at

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Do hereby certify that:

- ( ) I have not disposed of any assets the value of which exceeds \$1,000.00, for less than fair market value during the past two years.\*
- ( ) I have disposed of assets which have a total value in excess of \$1,000.00, for less than fair market value during the past two years.\*

A. Description of assets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Fair market value of assets at time of disposal:  
\$ \_\_\_\_\_

C. Gross amount received for asset: \$ \_\_\_\_\_

D. Difference in fair market value and gross amount received (B-C): \$ \_\_\_\_\_  
If E is greater than C, then calculate difference (Item F) and include this amount in family assets.

F. Difference between cash value of asset and gross amount received (E-C):  
\$ \_\_\_\_\_

\_\_\_\_\_  
*Signature of Resident/Applicant*

\_\_\_\_\_  
*Co-Resident/Applicant*

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

Witness:

\_\_\_\_\_  
*Signature and Title*

\*Two years before effective date of certification/recertification