



CITY OF SAN ANTONIO  
**NEIGHBORHOOD & HOUSING  
 SERVICES DEPARTMENT**

**ZERO ASSET AFFIDAVIT**

For households whose combined net assets do not exceed \$4,999.99

I,                      have applied for assistance through City of San Antonio CDBG Short Term Rental Assistance program. Program regulations require verification of all assets from participating households.

Assets include but are not limited to:

- Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc.
- Cash value of revocable trusts available to the applicant.
- Equity in rental property or other capital investments
- Cash value of stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts, pensions, disability or death benefits and other similar types of period receipts
- Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty).
- Retirement and pension funds
- Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
- Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
- Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
- Mortgages or deeds of trust held by an applicant.

I have stated during this verification process that I have no assets at this time.

***Under Penalty of perjury, I certify that the information presented in the affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing information herein constitutes fraud. False, misleading or incomplete information may result in the termination of this agreement.***

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Applicant's Address: \_\_\_\_\_  
*Street Address* *City/State* *Zip Code*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Notes (if applicable):