

# ASSET INFORMATION FORM

RETURN TO: Port Terrace Apartments  
1587 W. Port View Drive.  
Port Washington, WI 53074  
TEL.#: 262-284-4477

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: Port Terrace Apartments  
APPLICANT/RESIDENT: \_\_\_\_\_  
FAX #: 262-284-4476

**Please list assets for all household member, including minor children, and the necessary information required to verify all types of assets:**

**Asset:**

Household Member: \_\_\_\_\_ Type of Asset: \_\_\_\_\_  
Where Held: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Asset:**

Household Member: \_\_\_\_\_ Type of Asset: \_\_\_\_\_  
Where Held: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Asset:**

Household Member: \_\_\_\_\_ Type of Asset: \_\_\_\_\_  
Where Held: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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Household Member: \_\_\_\_\_ Type of Asset: \_\_\_\_\_  
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Address: \_\_\_\_\_ Other: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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Where Held: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**OFFICE USE ONLY:**

	
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We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.