

**CERTIFICATION OF ASSETS DISPOSED OF
FOR LESS THAN FAIR MARKET VALUE**

I or any family member did _____ / did not _____ dispose of 1 or more assets for less than fair market value in the (24 months) preceding ____/____/_____.

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Signature of Applicant	_____ Date
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_____ Signature of Applicant	_____ Date
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