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PERSONAL DECLARATION FORM

PLEASE READ CAREFULLY

This form is imperative in determining your housing eligibility. This form:

- ✓ **Must be complete**, using N/A for items that are not applicable to your household.
- ✓ You must use the correct legal name of each member of your household **as it appears on their social security card**.
- ✓ All adult members 18 years and older in the household must sign page five (5) certifying the information pertaining to them.
- ✓ Please print clearly. Items not legible will render the form incomplete.
- ✓ Must be initialed at the bottom of each page and signed by all adult household members 18 years and older. Failure to do so will render the form incomplete.

→ HEAD OF HOUSEHOLD

Legal Last Name		First	M.I.	Current Address (City, State, Zip)	
Birth Date	Place of Birth (City, State)	Social Security Number	Phone	Email	
Veteran Status		Race		Marital Status	Sex
☐ Yes ☐ No		☐ 1 - White ☐ 2 - African American or Black ☐ 3 - American Indian or Alaskan Native ☐ 4 - Asian or Pacific Islander		☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	☐ Male ☐ Female ☐ Other
Ethnicity					
☐ 1 - Hispanic ☐ 2 - Non-Hispanic					

→ EX-SPOUSE or SEPARATED

Last Name	First	Current Address (City, State, Zip)

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

→ Head of Household Initials

HOUSEHOLD COMPOSITION

Please complete the following information for the other household members that will be living with you.
This will be considered your *Household Composition*.

→ OTHER ADULTS (18 years of age and older) Names must match Social Security Card

Legal Name (Last)	(First)	M.I.	Relation to Head of House	Birth Date	Birth Place City, State	Sex M/F /O	Race 1 - 4	Social Security Number	Marital Status
1									
2									
3									
4									

→ CHILDREN (17 years of age and under) Names must match Social Security Card

Legal Name (Last)	(First)	M.I.	Relation to Head of House	Birth Date	Birth Place City, State	Sex	Race 1 - 4	Social Security Number	Absent Parent

→ SCHOOL (List schools currently attended by all family members that are part of the household. *Be sure to include adults or adult children continuing education & childcare/daycare*)

Student's Name	Name of School	Address of School	Phone # of School

TOTAL HOUSEHOLD INCOME

List **all** money earned or received by **everyone** living in your household including children. This includes money from wages, self-employment, cash income, child support, contributions, Social Security, disability payments, Workman's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, bank accounts, alimony, and all other sources. Use zero or N/A if not applicable. **Do not leave any blanks!**

→ LIST AMOUNTS RECEIVED *(if none received, write zero in space provided)*

Household Member (List each member)	Employer	Total Wages per pay period	TANF/ Food Stamps	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Types of Income

→ BANKING & ASSET INFORMATION

Please list **all** banking and asset information for the entire household. This includes Pre-paid Cards such as MetaBank, Greendot, Direct Express, NetSpend, RushCard, etc. This also includes any CDs, 401K, IRA, and any other bank or asset type of account.

Name of Bank	Account Number	Type	Joint/Individual	Balance	
				Current	6 mo.avg.
				\$	\$
				\$	\$
				\$	\$
				\$	\$

→ GENERAL INFORMATION

Question	Answer		Explain if marked Yes
Do you or any household member own or have an interest in any real estate, boat, and/or mobile home?	☐ Yes	☐ No	
Have you sold any real estate in the last two years?	☐ Yes	☐ No	
Do you own any stocks, bonds or mutual funds or 401K?	☐ Yes	☐ No	
Did you file a Federal income tax return for the most recent year?	☐ Yes	☐ No	
Does anyone outside of your household pay any of your bills or expenses, or give you money?	☐ Yes	☐ No	

→ Head of Household Initials

Question	Answer		Explain if marked Yes
Do you expect anyone to move in or out of your household within the next 12 months (i.e. aging parent, foster child, newborn infant)?	☐ Yes	☐ No	
Does anyone live with you now who is not listed above?	☐ Yes	☐ No	Who & Relation?
Have you or any other adult members ever used a name(s) or Social Security Number(s) other than the one you are currently using?	☐ Yes	☐ No	
Have you or any member of your household ever lived in any subsidized housing complex or program?	☐ Yes	☐ No	When & Where? Under what name? Who was Head of Household?
Have you ever violated a family obligation in a HUD-assisted Housing Program?	☐ Yes	☐ No	
Have you or anyone in your household ever been evicted from Public or any subsidized housing program for <u>any</u> reason?	☐ Yes	☐ No	
Do you owe money to past landlords or a Subsidized Housing Agency?	☐ Yes	☐ No	Who do you owe?
Has anyone in your household ever been engaged in the use, sale, manufacture, or distribution of a controlled substance?	☐ Yes	☐ No	Who & when?
Have you or anyone in your household ever been involved in, arrested, or convicted for drug activity?	☐ Yes	☐ No	
Have you or any member of your household ever abused alcohol to the extent such alcohol abuse caused behavior that interfered with the health, safety, or right to peaceful enjoyment of the premises of others?	☐ Yes	☐ No	
Have you or anyone in your household ever been involved in, arrested, or convicted of any crime other than traffic violations?	☐ Yes	☐ No	
Are you or anyone in your household subject to a lifetime state sex offender registration requirement in any state?	☐ Yes	☐ No	Who and what state?
Does your household have a car?	☐ Yes	☐ No	Make/Model: License Plate#
Does your household have a second car?	☐ Yes	☐ No	Make/Model: License Plate#
Do you have a pet?	☐ Yes	☐ No	How Many Pets? (Circle) 1 2 Type(s): Breed(s):
Do you have a Service, Emotional Support or Comfort Animal? Previously Approved?	☐ Yes	☐ No	Type: Breed:
➔REASONABLE ACCOMMODATION Are you or anyone in your household, a person with a disability requiring any specific modifications or accommodations in order to fully utilize our program services?	☐ Yes	☐ No	How can we assist?

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from continued participation and may be grounds for termination of assistance. I further understand that all information presented will be verified.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

I do hereby swear and attest that all the information provided is true and correct. I also understand that all changes in income of the member(s) of the household as well as any changes in the household members residing in the unit must be reported to the Housing Authority in writing within 10 business days.

Signature of **Head of Household** _____ Date _____

Signature of **Spouse** _____ Date _____

Signature of **Other Adult** _____ Date _____

Signature of **Other Adult** _____ Date _____

Signature of **Other Adult** _____ Date _____

Signature of **Other Adult** _____ Date _____

→COMMENTS: