

**PERSONAL DECLARATION**

**THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS AND OLDER.** Write N/A in any section that does not apply to you. Your eligibility for housing (or continued housing) is dependent on your family’s honest and full completion of this form. The Regional Housing Authority (RHA) is required to use the information you provide in this document to obtain verification of your family’s income, assets, and allowances/deductions and household composition.

**Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSEHOLD COMPOSITION:** List all people who are living at the above address-attach an additional page if necessary

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Member** | **Legal Name (Last, First MI)** | **Relation to Head** | **Sex (M/F)** | **Student (Y/N)** | **Disabled (Y/N)** | **Hispanic or Latino Y/N** | **Race** |
| 1 |  | HEAD |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |

**Live-In-Aide(s) must be listed, but will not be considered a remaining member of the household. Live-In-Aides do not have any rights to the unit, housing or assistance.**

**HOUSEHOLD INFORMATION**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  **YES**  **NO** (if yes, please include a copy of the person’s birth certificate and social security card)

**If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Do you expect the number of household members to change in the future?  **YES**  **NO**

**If yes, explain how many members will be added or reduced and when the change will take place.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Have any of the household members used names or a social security number other than the names and numbers used above?  **YES**  **NO**

**If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are any or all members of the household full-time students?  **YES**  **NO**

**If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3**

1. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime either felony or misdemeanor?  **YES**  **NO**

**If yes, provide the nature of the crime(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  **YES**  **NO**

**If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Do you or any member of your household have criminal charges pending now?  **YES**  **NO**

**If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCOME INFORMATION**

**All income for ALL household members must be reported (including minors). Include GROSS income (before taxes or deductions) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.) \*\* Note if you are a seasonal worker please include expected earnings from seasonal employment \*\***

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

1. Employment wages or salaries? Self employment? Regular pay as a member of the Armed Forces?

(Include overtime, tips, bonuses, commission and payments received in cash.)  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Name of Company (or note if self-employed) | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Unemployment benefits, Disability Payments, or worker’s compensation?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Name of Company | Amount |
|  |  |  |
|  |  |  |
|  |  |  |

1. Public Assistance, General Relief, Food Stamps, or Temporary Aid to Need Families (TANF)?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Name of Agency | Amount |
|  |  |  |
|  |  |  |
|  |  |  |

**4**

1. Social Security, SSI or any other payment from the Social Security Administration?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Name of Agency | Amount |
|  |  |  |
|  |  |  |
|  |  |  |

1. Regular payments from a pension, retirement benefit, annuities, or Veteran’s benefits?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

1. (a) Child Support or Spousal Support (alimony)?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court of Law Name of Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directly from Individual Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) If money is not actually received, are you taking legal action to remedy?  **YES**  **NO**

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Regular payments from a severance package?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

1. Regular payments from any type of settlement? (For example, insurance settlements)  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

**5**

1. Disability, death benefits or life insurance dividends?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

1. Regular gifts or payments from anyone outside of the household?  **YES**  **NO**

(This includes anyone supplementing your income or paying any of your bills.)

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

1. Educational grants, scholarships, or other student benefits?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Benefit | Amount |
|  |  |  |
|  |  |  |

1. Regular payments from lottery winnings or inheritances?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Income | Amount |
|  |  |  |
|  |  |  |

1. Regular payments from rental property or other types of real estate transactions?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Income | Amount |
|  |  |  |
|  |  |  |

1. Any other income sources or types not listed above?  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source of Income | Amount |
|  |  |  |
|  |  |  |

1. Do you or any household member expect any change in income in the next 12 months?  **YES**  **NO**

**If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are YOU or is ANY OTHER ADULT member of your household claiming ZERO income?  **YES**  **NO**

**If yes, who?­­­­­­­­­­­­­­­** ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6**

**ASSET INFORMATION**

**Include all assets and the corresponding annual interest rate, dividends, or any other income derived from the asset.**  INCLUDE **ALL** ASSETS HELD BY **ALL** HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account(s)?  **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member | Bank or Financial Institution | Balance | Annual Income from Asset |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. CD’s money market accounts or treasury bills?  **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member | Bank or Financial Institution | Balance | Annual Income from Asset |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3. Stocks, bonds, or securities?  **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member | Source | Amount | Annual Income from Asset |
|  |  |  |  |
|  |  |  |  |

4. Trust funds?  **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member | Source | Amount | Annual Income from Asset |
|  |  |  |  |
|  |  |  |  |

**Are any of the above listed trusts irrevocable?**  **YES**  **NO**

5. Pensions, IRAs, 405Ks, 403Bs, KEOGH, or other retirement accounts?  **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member | Source | Amount | Annual Income from Asset |
|  |  |  |  |
|  |  |  |  |

**7**

6. Cash on hand?  **YES**  **NO**

|  |  |
| --- | --- |
| Household Member | Amount |
|  |  |
|  |  |
|  |  |

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  **YES** **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source | Amount |
|  |  |  |
|  |  |  |

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes a personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  **YES** **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source | Amount |
|  |  |  |
|  |  |  |

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does NOT include personal belongings such as your car, furniture or clothing.)  **YES**  **NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Source | Amount |
|  |  |  |
|  |  |  |

10. Do you have a safe deposit box containing contents with a monetary value?  **YES**  **NO**

**If yes, explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Have you or any household member disposed, sold or given away any asset(s) within the past 2 years?

**YES  NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Description of Asset Disposed | Amount Received |
|  |  |  |
|  |  |  |

**8**

**ADJUSTMENTS**

1. Do you pay a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes?  **YES**  **NO**

**If yes, are you reimbursed for any part of the money you pay?**  **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member who works or attends classes | Child under age 13 who is cared for | Amount | Name and Address of care provider |
|  |  |  |  |
|  |  |  |  |

2. Are you or any other household member disabled?  **YES  NO**

3. Do you pay for care or equipment for a disabled family member so that either the disabled member or another member of your family may work?  **YES  NO**

**If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, are you reimbursed for any part of the money you pay?  YES  NO**

3. **COMPLETE ONLY IF THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD IS AGE 62 OR OLDER OR DISABLED**

Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expense)  **YES  NO**

**If yes, are you reimbursed for any part of the money you pay?  YES  NO**

|  |  |  |
| --- | --- | --- |
| Household Member | Description of expense | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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**9**

**ETHICS STATEMENT**

The Regional Housing Authority requires that all tenant, prospective tenants, and employees provide the following information.

**Do you have a business or personal relationship with any employee (or past employee) or board member of the Regional Housing Authority?**

**YES**  **NO**

**If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT NOTICE**

All information provided on this document will be verified. It is your responsibility to provide all necessary information to properly process your paperwork and verify your eligibility. Failure to provide any required information may cause assistance to be delayed, denied or terminated.

**Authorizations, Representations and Certifications**

My signature, as noted and dated below, is confirmation that I do hereby authorize the Regional Housing Authority to obtain any information deemed necessary for the purposes of determining my eligibility for housing/assistance. I understand that the Regional Housing Authority may obtain third party verifications of those items related to my household income, assets, allowances/deductions, household composition, and criminal background.

I understand that the Regional Housing Authority is relying on information provided by me to prove my household’s eligibility for housing/assistance under a program of the U.S. Government. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I have not omitted, misstated, or withheld facts pertaining to the Household’s Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I consent to release the necessary information to determine my eligibility. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program. WARNING: Title 18, Section 1001 of the US 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 US.

**ALL ADULT FAMILY MEMBERS MUST SIGN BELOW**

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

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

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

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

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

**IF YOU OR ANYONE IN YOUR HOUSEHOLD IS A PERSON WITH DISABILITIES, AND YOU REQUIRE AN ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE.**

**ALISHA PARKER-SECTION 504 ACCESSIBILITY COORDINATOR. 530-671-0220 EXT 115**

Handicap%20Sign