



APPLICATION / ANNUAL RECERTIFICATION



**PERSONAL DECLARATION**

This Personal Declaration form **MUST** be completely filled out personally by the Head of Household or Spouse.\* You must use the correct legal name for each member of your household as it appears on their Social Security card and **IF YOU ARRIVE FOR AN APPOINTMENT WITHOUT THIS FORM FILLED OUT ENTIRELY, YOUR CERTIFICATION APPOINTMENT MAY BE RESCHEDULED.**

**DO NOT LEAVE ANY PART BLANK. INCOMPLETE FORMS ARE NOT ACCEPTABLE AND WILL BE RETURNED. ALL YES/NO QUESTIONS MUST BE COMPLETED. N/A SHOULD MEAN NOT APPLICABLE. IF YOU NEED MORE SPACE THAN WHAT IS PROVIDED FOR ANY SECTION PLEASE ATTACH THE INFORMATION ON A SEPARATE PIECE OF PAPER.**

**PLEASE PRINT.**

FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION SHALL BE GROUNDS FOR DENIAL OR TERMINATION. FALSE OR MISLEADING INFORMATION SHALL ALSO BE GROUNDS FOR DENIAL OR TERMINATION.

Head of Household's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you plan on moving from your current address during the next year? Yes or No

\*You may obtain assistance in order to complete the form from anyone of your choice. The person assisting you must sign the form on page 8 as indicated.



SECTION I: HOUSEHOLD COMPOSITION: List ALL persons who are or **will** be living in your home:

A.FAMILY HOUSEHOLD COMPOSITION – Please list ALL people living in your home:						
FULL NAME AS APPEARS ON SOCIAL SECURITY CARD	Date of Birth	Sex	Disabled?	Race	Hispanic	Relationship to Head of Household
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Self
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

B. SEPARATED/DIVORCED Please list spouse or ex-spouse information			
Spouse/Ex-spouse full name	Last known address	Divorced	Year Separated
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

C. ABSENT PARENTS Please list absent parent(s) information for any of the children above			
Child's name	Absent Parent Full Name	Any Contact with absent parent	Last Known Address
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

D. STUDENT STATUS Please list all family members who are attending school part time or full-time. Include participation in any self-sufficiency classes or programs. Verification off full time status is required for all adult full time students			
Student's name	Part or Full Time	Financial Aid Amount	School Name & Address
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$	
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$	
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$	
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	\$	

SECTION II: HOUSEHOLD INCOME Please answer each question below. If you answer, "YES" please fill out information below each applicable section for the family member(s) who receives the income.

A. SOCIAL SECURITY/PENSION/OTHER BENEFITS		
Does anyone in your household receive Social Security or SSI benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive pension, retirement benefits, or annuity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive unemployment or disability benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of household member	Monthly/weekly amount	Agency name & address
	\$	
	\$	
	\$	

B. EMPLOYMENT		
Does anyone in your household receive full/part time job earnings or severance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive cash, tips, or bonuses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive military or reserve pay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is anyone in your household self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of household member	Monthly/weekly amount	Employer name & address
	\$	
	\$	
	\$	

C. PUBLIC ASSISTANCE BENEFITS		
Does anyone in your household receive cash assistance, TANF or other assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive adoption or foster care payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of household member	Monthly/weekly amount	Employer name & address
	\$	
	\$	
	\$	

D. CHILD SUPPORT OR ALIMONY PAYMENTS		
Does anyone in your household have an open child support case with a court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive child support office payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone in your household receive child support or alimony directly from an absent parent or spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does an absent parent regularly purchase items for child(ren) such as clothing, food, diapers, formula, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of household member	Monthly/weekly amount	Type of Benefit/Assistance
	\$	
	\$	
	\$	

E. OTHER INCOME		
Does anyone in your household receive worker's compensation payments?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone in your household receive insurance policy payments?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has anyone in your household received any lump sum payments (inheritances, capital gains, gambling winnings, settlements, child support arrearages, unemployment, Social Security etc)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone in your household regularly receive payments for plasma or other biological donations?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone in your household regularly receive cash contributions, gifts, or supplies from individuals not living in the unit or organizations such as churches or agencies (includes rent, utilities, groceries, car payments, insurance, cell phones)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone in your household regularly receive any other source of income?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of household member	Agency/Provider Name & Address	Amount
		\$
		\$
		\$

SECTION III: ASSETS List the value or current balance of all of your family's assets, including assets of children. \*\*Personal property held as an investment may include but is not limited to gem or coin collections, art, antiques etc and do not include household items of ordinary use.

A. CURRENT ASSETS - You must provide statements as verification				If yes enter information here		
Family Member's Name	Source	You must check		Value or current balance	Interest or Payment Rate	Interest or other Income
	Checking Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Savings Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Benefits Debit Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Cash on hand or in safe deposit box	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Certificates of Deposit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Money Market Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Stocks or Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	IRA/401k/Keogh or Retirement Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Annuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Trust Fund	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Life Insurance Policy (excluding term)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Real Estate or Land Contracts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Personal Property held as an investment **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
	Other (list)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$		\$
		Totals		\$		\$



## B. ASSET DISPOSITION

In the last 2 years, has anyone in your household sold or given away assets (including cash, real estate, etc) for more than \$1,000 below their fair market value? Yes  No

Name of household member	Asset that was disposed	Value of the asset	Person or organization to whom the asset was sold or given
		\$	
		\$	

## C. ASSET CERTIFICATION

Under the penalty of perjury, I certify that the asset information presented above is true and accurate to the best of my knowledge. I further understand that knowingly providing false representations herein constitutes an act of fraud and results in the termination of housing assistance.

Signature of head of household or spouse \_\_\_\_\_

Date \_\_\_\_\_

## SECTION IV: ALLOWANCES

### A. Child and Dependent Care

Does anyone in your household pay childcare expenses for a child(ren) under age 13? Yes  No

If yes, answer the following questions:

How much are you paying per week? \$

Does the childcare allow someone to go to work? Yes  No

Does the childcare allow someone to go to look for work? Yes  No

Does the childcare allow someone to attend school? Yes  No

Provide the name(s) and address(es) of the provider(s):

Name: Address:

Name: Address:

Is any part of the childcare expense paid by another person or agency? Yes  No

If yes, provide the name and address of the person(s) or agency(s):

Name: Address:

### B. MEDICAL EXPENSES - Only if the head of household, spouse, or co-head is at least 62 years old or is a person with disabilities. If so, enter medical expenses for all household members.

Do you pay Medicare premiums? Yes  No

Do you pay for other medical insurance? Yes  No

If yes, answer the following questions:

How much are your annual premiums? \$

Do you pay medication prescribed by a doctor? Yes  No

If yes, how much do you pay annually? - You must provide verification \$

### B. MEDICAL EXPENSES - continued



Do you have outstanding medical bills on which you are paying regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes how much do you pay annually? - You must provide verification	\$	
If yes, provide the name and address of the person(s) or agency(s):		
Name:		Address:
Do you expect to have any additional medical, dental, or vision expenses in the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes how much do you expect to pay - You must provide verification	\$	
If yes, provide the name and address of the person(s) or agency(s):		
Name:		Address:

C. DISABILITY ASSISTANCE EXPENSES		
Do you pay any expenses for a disabled member(s) of the family which are necessary to permit that person or someone else in the family to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe the expenses:		
Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how much do you expect to pay - You must provide verification	\$	
If yes, provide the name and address of the person(s) or agency(s):		
Name:		Address:
If yes, is any part of the care attendant expense paid by another person or agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how much do they pay - You must provide verification	\$	
If yes, provide the name and address of the person(s) or agency(s):		
Name:		Address:

**SECTION V – CRIMINAL ACTIVITY**

A. CRIMINAL ACTIVITY (ALL INFORMATION MUST BE TRUE AND COMPLETE. FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL BE GROUNDS FOR DENIAL OR TERMINATION OF PARTICIPATION.)		
Is anyone in your household subject to a registration requirement under a state sex offender registration program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who?		
Has anyone in your household ever been convicted of producing methamphetamines on federally subsidized property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who?		

**A. CRIMINAL ACTIVITY - Continued**

Has anyone in your household been convicted of any drug-related or violent criminal activity in the past 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, who?		
	If yes, when?		
	If yes, where?		
Has anyone in your household abused drugs or alcohol to the extent such abuse caused behavior that interfered with the health, safety, or rightful peaceful enjoyment of the premises of others?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, who?		
	If yes, when?		
	If yes, where?		
Has anyone in your household committed fraud in an assisted housing or benefit program or been requested to repay money for misrepresenting information?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, who?		
	If yes, when?		
	If yes, where?		
Has anyone in your household lived in Public Housing, Section 8, or any other unit where help with rent was given through a federal, state, or local rent assistance program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, who?		
	If yes, when?		
	If yes, where?		
	If yes, was that member evicted from such housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION VI - TAXES**

<b>E. INCOME TAXES</b>			
Did anyone in your household file a federal income tax return for the past calendar year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, who? - you must provide copies		



**APPLICANT CERTIFICATION** I/WE certify that the information given to the Housing and Community Development Department is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and may be grounds for termination of housing assistance and termination of tenancy.

**CRIMINAL BACKGROUND SCREENING:** I/We understand that by signing below, we are authorizing the Public Housing Authority to complete a criminal background screening on all adult household members and a sex-offender screening on all members.

**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 representative of the U.S. Government, punishable by a fine not to exceed \$250,000 and/or imprisonment of not more than five (5) years.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse/Co-Head	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date

If you received assistance in completing this form, that person must sign below:  
I certify that I assisted this family in completing the Personal Declaration form.

_____ Print Name	_____ Relationship	_____ Signature	_____ Date
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**OFFICE USE ONLY: Staff Certification of Review**

_____ Print Staff Name	_____ Staff Signature	_____ Date
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