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|  | **Housing Choice Voucher or Public Housing Program**  **Personal Declaration** | **Head of Household’s Social Security Number (Last 4)** |  |  |  |  |
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| **CONTACT INFO** | **Street address, P.O. Box, or shelter name** | | **City** | **State** | **ZIP Code** | **Homeless at application?**  **Yes No** |
| **(Head of household)** | **Primary phone number** | **Other phone number** | **E-mail address** | **What language do you speak at home?** | | **Interpreter needed?**  **Yes No** |

**► HOUSEHOLD COMPOSITION AND INCOME** *List every person living with you. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

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| **Last, First, Middle initial** | **Relation**  **To Head** | **Social Security number (last 4)** | **Sex** | **Date of birth** | **Race**  **(Black, White, Asian, Pacific Islander, Native American)** | **Hispanic?** | | **Income: list all money received by each person in the household per month (wages, SSI/SSA, child support, TANF, VA, L&I, unemployment, gift, self-employment, etc...) If no income, write ‘0’.** |
| **(M /F)** | **Yes** | **No** |
|  | HEAD | (Entered above) |  |  |  |  |  | **Type: $ Type: $** |
|  |  |  |  |  |  |  |  | **Type: $**  **Type: $** |
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**Print head of household name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**► OTHER HOUSEHOLD INFORMATION** *(If you need additional space, please attach a separate paper.)*

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| **Yes No** Is anyone in your family a person with a disability? **If yes**, please list their name(s): |
| **Yes No** Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? **If yes**, explain here and attach a statement from the person stating how often and the amount: |
| **Yes No** Has anyone in your family lived in public housing or had a housing voucher before? **If yes,** where you were assisted? |
| **Yes No** Is anyone in your family a victim of domestic violence, dating violence, stalking or sexual assault? **If yes**, who? |
| **Yes No** Are you homeless and able to comply with a lease or who is living in transitional housing and compliant with a social services plan? **If yes,** please explain: |
| **Yes No** Is your family displaced by a declared natural disaster such as a flood, hurricane, earthquake, tornado, etc.? **If yes,** please describe the disaster |
| **Yes No** Is your family displaced by governmental exercise of eminent domain? In other words, is the government taking your house or building? **If yes,** please explain: |
| **Yes No** Do any adults in your family have a recent (last 5 years) history of violent or drug-related crime? **If yes,** please explain |
| **Yes No** Is anyone in your family subject to lifetime registration as a sex offender? **If yes**, who: |
| **Yes No** Is anyone in your family a current user of illegal drugs? **If yes,** who: |
| **Yes No** Has anyone in your family been convicted of manufacturing methamphetamines in federally assisted housing? **If yes,** who: |
| **Yes No** Have you or any member of your household ever lied on an application/recertification for housing or been requested to repay money for knowingly misrepresenting information for such housing programs? **If yes**, please explain: |
| Is there any other information you would like us to know about your household? |

**► ACCOMMODATIONS needed because of a disability any family member** *If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.*

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| **Yes No** Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program |

**► CURRENT EMPLOYMENT INFORMATION** *(If you need more space, please attach a separate paper.)* **Yes**, someone in my household is employed. **No**, no one in my household is employed

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| --- | --- | --- | --- | --- | --- |
| **Name of household member** | **Name of employer(or self-employed)** | **Employment start date** | **Employer’s address** | **Employer’s phone number** | **Employer’s fax number** |
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**Print head of household name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**► BANK ACCOUNTS AND OTHER ASSETS** *List all assets owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)*

**Yes**, someone in my household has assets (e.g., bank accounts, stocks, bonds, CDs, retirement savings, real estate). **No**, no one in my household has assets.

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| --- | --- | --- | --- | --- | --- |
| **Name of household member** | **Type of asset (checking, savings, IRA, house, etc.)** | **Current value** | **Interest rate** | **Name of bank or financial institution** | **Account number** |
|  |  | $ | % |  |  |
|  |  | $ | % |  |  |
|  |  | $ | % |  |  |

**Yes No** Have you sold an asset/property in the last two years for less than market value? **If yes**, provide an explanation.

**► STUDENT INFORMATION** *List information only for household members who are 18 years old or older.You must report within 10 business days if enrollment falls below full time status.*

**Yes**, an adult in my household is a student. *Complete the below information and provide verification of school and financial assistance*

**No**, no adult in my household is a student.

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| --- | --- | --- | --- |
| **Name of household member** | **Name of school** | **Full time or part time?** | **List all financial aid received (grants, scholarships, etc.)** |
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**► DEDUCTIONS** *Do you have expenses that* ***you pay******out of pocket*** *and anticipate to continue for the next 12 months? (If you need additional space, please attach a separate paper.)*

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| **Yes No** Child Care Expenses for a child/children under age 13: If yes, you must provide verification to receive a deduction. |
| **Yes No** Medical Expense (Medical Insurance, doctor bills, dentist bills, hospital bills, clinic costs, therapy, prescriptions, eyeglasses, hearing aids/batteries etc.): **If yes**, and head, spouse or co-head is elderly or disabled, complete a Medical Expenses Declaration form and provide verification of out-of-pocket medical expenses. |
| **Yes No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member are deductable if the expense is paid to enable a family member to be employed. Provide verification if applicable. **If yes**, please explain: |

**► CERTIFICATION & NOTICE**

I/We authorize the Public Housing Authority to obtain and verify information about the income, assets, income tax data, personal data and conduct, including a full credit report of all persons listed in my household. Sources of such information may include but not be limited to employers, financial institutions, social workers, welfare workers, landlords, resident managers, housing managers, parole officers, court and criminal records, drug treatment centers, clinics, physician(s) or police departments.

I/We certify that the information given to the Public Housing Authority on household composition, income, net family assets, allowances and deductions, criminal history, and sex offender registrant status 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 and state law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

**Print head of household name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I/We understand ALL changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Public Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household’s full completion of this form as verified by Public Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program and criminal prosecution.

**Head of household signature Date Spouse or Co-head signature Date**

**Signature of other household member (age 18+) Date Signature of other household member (age 18+) Date**

**Signature of other household member (age 18+) Date Signature of other household member (age 18+) Date**

**Signature of other household member (age 18+) Date Signature of other household member (age 18+) Date**