



Housing Authority of the City of Elkhart Housing Choice Voucher Program

Personal Declaration for Intake Processing and Annual Certifications

YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR APPOINTMENT! This form must be signed by all adult household members age 18 or older. Failure to complete this form will delay processing. Such delays caused by the family may be grounds for denial or termination of housing assistance. All information that you provide on this form **MUST** be accurate and complete.

The Housing Authority of the City of Elkhart, Indiana is an equal opportunity housing provider, committed to providing quality housing opportunities and services to all eligible applicants and participants regardless of race or color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18) and/or handicap/disability.

Accommodation/Modification:

Do you or any member of your household require any modification(s) and/or accommodation(s) to fully participate in this or any EHA program or service?	Choose One Y / N	Description of accommodation or modification(s) being requested:
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Are there any children 7 years and under who have an elevated level of lead in their blood?	Choose One Y / N	List Child(ren) name(s):
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Household Head Information: Please provide all information requested. Clearly print/type all responses.

Head of Household

Last Name:	First Name:	Middle Name:
Social Security #:	Date of Birth:	Phone(s):
Single Parent	Choose One	
Are you the only parent that will be living in the assisted unit?	Yes / No	
Disability	Choose One	
Are you a disabled individual?	Yes / No	

Marital Status (Choose One)	Employment Status Check all that Apply	For Office Use Only
<input type="checkbox"/> Never Married	<input type="checkbox"/> Employed	
<input type="checkbox"/> Married	<input type="checkbox"/> Self-Employed	
<input type="checkbox"/> Separated	<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Job Train/Student	
<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Retired	

Spouse/Ex- Spouse Name	Address	Social Security #	D. O. B.

Address Information: What is your current address?

Current Street Number and Name (Do not use P.O. Box):	City:	State:	Zip Code:

Household Composition: Please tell us about the household members currently living with you (or who will be living with you if assisted). List household members from oldest to youngest.

Household Member 2			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 3			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 4			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 5			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 6			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	
Household Member 7			
Last Name:	First Name:	M. I. :	
Date of Birth:	Relationship Code	If youth under 18 State School child attends:	
Please choose relationship Code to Right:	Spouse	Youth under 18	Absent Parent or Ex-Spouse Name & Address:
	Co-Head	Live-in Aid	
	Foster Child	Other Adult	

Anticipated Family Composition Changes:

Do you expect anyone to move in or out of your household within the next 12 months? YES / NO	If yes, please tell us who and when:	
	Add:	Date:
	Remove:	Date:

Program Integrity Information: (These questions apply to all household members). You **MUST** answer each of the following questions accurately and completely. The Elkhart Housing Authority conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial/termination.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes / No	If yes, please tell us dates, charges, city, and state.
Have you or any member of your household ever been arrested for any criminal activity involving the use, attempted use, or threatened use of physical force?	Yes / No	If yes, please tell us dates, charges, city, and state.
Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug? Excluding doctor prescribed medications.	Yes / No	If yes, please explain:
Are you or any member of your household a registered sex offender?	Yes / No	If yes, please tell us who and when the registration ends or if it is a lifetime registration:
Have you or any other adult member ever used any name(s) and/or social security number(s) other than the one you have listed?	Yes / No	If yes, please explain:

Previous Housing Assistance: You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/ termination.

Have you ever lived in public or assisted housing at any time in the past?	Yes / No	If yes, please explain: Include dates and locations.
Have you ever committed fraud or knowingly misrepresented information in any housing assistance program?	Yes / No	If yes, please explain: Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes / No	If yes, state agency name and the Amount that is owed.
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes / No	If yes, please explain: Include dates and locations.

Income: (This question applies to all household members). Tell us about all income received in the household. Income is: "all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date." The Elkhart Housing Authority participates in computer matching programs with federal, state and/or local agencies. Providing inaccurate and/or incomplete information is grounds for denial/termination.

Income includes: Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF) SSI, military pay and regular contributions and gifts.

Type of Income	Family Member Name	Income Source-	Contact Information (address/phone etc.)	dollars/ hour, week month, or year
Employment				\$
Employment				\$
Social Security		Circle One SSD / SSI		\$
Social Security		Circle One SSD / SSI		\$
Social Security		Circle One SSD / SSI		\$
Child Support (complete if court order exists, even if not received)		Currently Receiving Yes/No	Is this received from the state of Indiana? Yes/No If not, list the state from which it originates.	\$
Child Support (complete if court order exists, even if not received)		Currently Receiving Yes/No	Is this received from the state of Indiana? Yes/No If not, list the state from which it originates.	\$
TANF				\$
Food Stamps				\$
Unemployment				\$
Other/Pension (explain)				\$

Assets: (This question applies to all household members, including children). Tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household member(s).

Do you or any family member own or have access to any of the following?

Savings account?..... Yes No Checking Account? Yes No

Certificate of deposit? ... Yes No Money Market account? Yes No

If you answered yes to any of the above questions please fill out the following information:

Family Member Name	Bank Name	Account/Policy Number	Balance
			\$
			\$
			\$
			\$
			\$
			\$

Do you or any family member own or have access to any of the following?

Stocks? Yes No Bonds? Yes No

Real Property? Yes No Trust Funds? Yes No

Pensions? Yes No Individual retirement accounts? Yes No

Inheritances? Yes No Life insurance policies? Yes No

Any other type of capital investment? Yes No

If you answered yes to any of the above questions please fill out the following information:

Family Member Name	Bank Name	Type of Account/ Policy Number	Balance
			\$
			\$
			\$

Disposed Assets: Have you or any member of your household disposed of any assets during the past 2 years?

Family Member Name	Type of Asset Disposed of:	Account/Policy Number And Institution Name	Sale Price or Cost to Covert to Cash
			\$
			\$
			\$

Additional Income Information

Has anyone in your household applied for any benefits or money that is in the process of being approved?	Yes / No	If yes, please list the source and date of application:
Does anyone outside your household give you money and/or pay for any of your bills or expenses?	Yes / No	If yes, provide their name address and what amount they give you and how often:
Does anyone in your household receive an educational grant or scholarship?	Yes / No	If yes, list which family members(s), source of income, and amount awarded:

Expenses: What are your current expenses? Questions relating to medical expense(s) are limited to the name and address of medical professionals. The Elkhart Housing Authority neither seeks nor desires any medical information about any household member.

Do you pay childcare expenses in order to work or go to school?	Yes / No	If yes, how much do you pay? List name, address and phone number of the provider: You must supply billing information from organization or
Do you pay for the care of a disabled household member in order to work? Please include the cost of any auxiliary apparatus that may be needed. (i.e.: wheel chair lift)	Yes / No	If yes, how much do you pay, name and address of caregiver: You must supply billing information from organization or notarized statement from care provider stating the expense.
Do you currently own a vehicle?	Yes / No	If yes, is vehicle paid for? if not, name of lender and amount still owed:
Are you currently paying for automobile insurance?	Yes / No	If yes, what is the name of the insurance agency, and what is your monthly payment:

The following questions only apply to households whose **head or spouse** is age **62 or older** or is a person with disabilities.

Do you pay for health insurance other than Medicare?	Yes/No	If yes, provide documentation that shows the health insurance name, address, type of insurance and premium amount.
Are you currently paying for any out-of pocket medical expenses i.e. prescriptions, doctors medical procedures?	Yes/No	If yes, provide documentation from pharmacy or medical provider listing date of expense and amount paid by you.

