

# HOUSING AUTHORITY CITY OF ELKHART

## Housing Choice Voucher Program – Interim Personal Declaration

This form must be completed by the head of household, in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security card. All adult members of the household must sign below certifying the information pertaining to them. The Elkhart Housing Authority is required by HUD to use the information you provide in and with this document to complete the certification of your household income, assets, allowances/deductions and family composition. PLEASE PRINT CLEARLY.

### HOUSEHOLD MEMBERS: List all adults and children living in your unit.

1. Household)	(Head of Household)	2.	(Social Security Number)
3.	4.	5.	
6.	7.	8.	

### HOUSEHOLD INFORMATION

Street Address with Apartment #	City, State	Zip Code
Home Phone	Cell Phone	Other Phone
Email (If Used Regularly)		

HUD requires the client to provide third party documents to enable the Elkhart Housing Authority (EHA) to complete certifications. Additional third party documentation may be requested by EHA. Third party documents are original documents that are not damaged, altered or in any way illegible. These documents should be dated within 60 days of the day they are provided to EHA. See below for required third party documentation.

**Increases in income must be reported within 60 days from when income began. This does NOT apply to individuals that are completing an annual recertification, unit transfer or new admission. Those changes must be reported immediately!**

### CHANGES IN EMPLOYMENT: Please complete the below chart in its ENTIRETY. Circle the appropriate answers.

Client is responsible to provide documentation indicated before a certification will be complete. <b><u>If not submitted with this PD, no action can be taken on the personal declaration.</u></b> THIS IS YOUR ONLY NOTICE!	DID A CHANGE OCCUR?	IS THE CHANGE AN INCREASE OR A DECREASE?
<b><u>Beginning of Employment</u></b> – 3 Current Consecutive pay stubs. A 3-6 month pay history is required if working for a temp agency.	YES / NO / NA	INCREASE / DECREASE
<b><u>Change in Current Employment</u></b> 3 Current Consecutive pay stubs. A 3-6 month pay history is required if working for a temp agency.	YES / NO / NA	INCREASE / DECREASE
<b><u>End of Employment</u></b> – Separation letter from employer. Notice on this form may be accepted if indicated on this line accurately.	YES / NO / NA	Last Day Worked: _____
<b><u>Unemployment</u></b> – Current Workforce Development print out. Cannot be processed unless it is date stamped after two weeks of loss of income.	YES / NO / NA	INCREASE / DECREASE

### EMPLOYMENT INCOME: Complete this section regardless if there a change has occurred or not.

Name of Employed Family Member	FT Student	Name of Employer	Employer Address	Employer Phone or Fax Number	Date Started	Date Ended
	Yes/No					
	Yes/No					
	Yes/No					
	Yes/No					

**CHANGES IN OTHER INCOME SOURCES:** Please complete the below chart in its ENTIRETY. Circle the appropriate answers.

Client is responsible to provide documentation indicated before a certification will be complete. <u>If not submitted with this PD, no action can be taken on the personal declaration.</u> <b>THIS IS YOUR ONLY NOTICE!</b>	DID A CHANGE OCCUR?	IS THE CHANGE AN INCREASE OR A DECREASE?
<b>Social Security</b> – Print out or current award letter.	YES / NO / NA	INCREASE / DECREASE
<b>SSI</b> – Print out or current award letter.	YES / NO / NA	INCREASE / DECREASE
<b>Child Support (Court Awarded)</b> – Six month print out.	YES / NO / NA	INCREASE / DECREASE
<b>Child Support (Voluntary)</b> – Notarized letter from absent parent stating amount given.	YES / NO / NA	INCREASE / DECREASE
<b>TANF (Welfare Assistance)</b> – Division of Family Resources print out or award letter.	YES / NO / NA	INCREASE / DECREASE
<b>TANF</b> – Are you under a TANF sanction? Please provide your sanction letter.	YES / NO / NA	
<b>Other Income</b> – Indicate type & provide documents. Type:	YES / NO / NA	INCREASE / DECREASE

**COLLEGE INFORMATION:** Tuition, School Schedule & Financial Award Package letter needed only if a new student.

Name of Family Member	Status	School	Contact Information	List All Grants Received
	FT / PT			
	FT / PT			

**CHILDCARE EXPENSES:** Please provide a letter, either on company letterhead or notarized, from your childcare provider stating how much is paid, how often, and the time frame for which childcare is provided. Contact information must be included in letter. CANI statements are also accepted.

Name of Childcare Provider	Complete Address	Phone Number	Amount Paid	Frequency Paid
				Daily/Weekly/Monthly

*\*Failure to complete this section will result in the removal of any existing childcare expenses.*

Childcare is provided for the following household members:

\_\_\_\_\_

Childcare is needed for adult to (please circle):    Attend School    /    Attend Work

**ATTENTION: PLEASE ANSWER ALL QUESTIONS ON THIS PAGE.**

**CHANGES IN HOUSEHOLD COMPOSITION:** You must answer the question below regardless if there is a change or not.

Has your household composition changed? Yes / No
If Yes, are you adding an: Adult / Child
If Yes, are you removing an: Adult / Child

Please request the "Add/Remove Household Member Declaration". Submit all supporting documentation with that form. This form can also be obtained on line at ehai.org. In accordance with HCV program policy, further documentation may be required. Additional documentation will be requested by mail.

**ADDITIONAL INFORMATION:** Answer all questions completely.

Does anyone outside your household pay for any of your bills or give you money? Yes / No  
If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Do you or anyone in your household own or have interest in any real estate, boat or home? Yes / No  
If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have you sold any real estate in the past two years? Yes / No  
If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have you been arrested of criminal, violent criminal activity or drug related criminal activity in the past five years? Yes / No

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Date of Offense: \_\_\_\_\_

Are you or anyone in your household involved in the use, sale or manufacturing of illegal drugs? Yes / No

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Do you own a car? Yes / No

If Yes: Make/Model/Year \_\_\_\_\_ Tag #: \_\_\_\_\_

Is the car completely paid for? Yes / No

If No, amount owed: \_\_\_\_\_ Paid to: \_\_\_\_\_

Do you have car insurance? Yes/No

If Yes, amount paid: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS:**

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Housing Choice Voucher Program and may be grounds for termination of assistance. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose, or other fraud, may result in the family's termination, and may also result in further legal action against the family on the part of EHA and/or other federal or state agencies.

**WARNING:** Title 18, Section 1002, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent states to any Department or Agency of the U.S. or the Department of Housing and Urban Development (HUD).

I certify under penalty of perjury that I will provide notice in writing on a Personal Declaration with ALL supporting documents all changes to my household income within 60 calendar days of such a change, and changes in household composition within 10 days. \*\* I understand that this does not apply during Annual Recertification, Unit Transfer and Move-Ins, and must be reported IMMEDIATELY.\*\*

**SIGNATURES:**

HEAD OF HOUSEHOLD: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE/CO-HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT (18 & OLDER): \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT (18 & OLDER): \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT (18 & OLDER): \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT (18 & OLDER): \_\_\_\_\_ DATE: \_\_\_\_\_



Upon request the Elkhart Housing Authority will provide reasonable accommodations to persons with disabilities so they can participate in the Housing Choice Voucher Program.