

Personal Declaration

Name: _____

PLEASE INDICATE ANY CHANGES IN FAMILY OR INCOME:

Address: _____

Phone: _____

This form must be completed **in your own handwriting**. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign below certifying the information pertaining to them. **Please print.**

I. **Household Composition:** List **all** persons who will be living in your home, listing head of household first.

Adults (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Married, Widowed or Separated
				Year _____
				Year _____
				Year _____
				Year _____

Children (Legal Name)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent Name	Absent Parent Address

If separated or divorced, list name & address of spouse/ex-spouse as follows:

Name

Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Social Security Number

Social Security Number

If reporting employment or change in employment- please write employers complete address

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

II. Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self employment, child support, contributions, Social Security, disability payments, Workers Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment and all other sources.

List Amounts Received Below

Household Member	Employer	Total Weekly Wages	TANF	Food Stamps	Child Support	Social Security	Unemployment Income	All Other Income

III. Assets: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own any stocks or bonds? _____ Do you own a car? _____ Model/Year _____ Tag No. _____

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No _____ If yes, explain. _____
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No _____ If yes, explain _____
- Have you or any member lived in any assisted housing? Yes/No _____ If yes, explain. _____
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No _____ If yes, explain. _____
- Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No _____ If yes, please explain. _____
- Are you currently paying for child care? Yes/No _____ If yes, how much per week? \$ _____ Do you receive CANI or other childcare assistance? Yes/No _____ Name of Child Care Provider: _____ Address: _____ Phone: _____
- Are you a current FSS Participant? Yes/No _____ If yes, have you signed your Contract of Participation? Yes/No _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all changes in the income of any household member** as well as **any changes in the household members must be reported** to the Housing Authority **in writing immediately**.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date