

Personal Declaration Form

HOUSEHOLD COMPOSITION

Legal Name	Date of Birth	Age	Relationship to Head	Social Security #	Employed Circle One Yes/No	Student Circle One Part-Time: Yes/No Full-Time: Yes/No
Head of Household 1)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 2)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 3)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 4)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 5)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 6)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No

SOURCE OF INCOME: Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> No Income: YOU WILL NEED TO COMPLETE AN ADDITIONAL ZERO INCOME WORKSHEET | <input type="checkbox"/> SELF EMPLOYMENT |
| <input type="checkbox"/> EMPLOYMENT (Include tips, bonuses, commissions) | <input type="checkbox"/> SOCIAL SECURITY: circle (SSA, SSDI, SSI) |
| <input type="checkbox"/> UNEMPLOYMENT OR WORKERS COMPENSATION | <input type="checkbox"/> ALIMONY/PARTNER SUPPORT |
| <input type="checkbox"/> CHILD SUPPORT (<u>See Child Support Questions Below</u>) | <input type="checkbox"/> VETERAN'S BENEFITS |
| <input type="checkbox"/> PENSIONS OR ANNUITIES | <input type="checkbox"/> RENTAL /REAL ESTATE INCOME |
| <input type="checkbox"/> PUBLIC ASSISTANCE (APTD) OR
AID TO FAMILIES WITH DEPENDENT CHILDREN (TANF) | |
| <input type="checkbox"/> OTHER INCOME SOURCES/TYPES NOT LISTED _____ | |

Provide information for any check income source (On Page 2):

Type of Income	Company Name & Address of Income Source	Gross Amount Received	Frequency of Income: Weekly/Bi-Weekly/Monthly/Etc.	Person receiving income:
		\$		
		\$		
		\$		
		\$		
		\$		

CHILD SUPPORT: COMPLETE ONE SECTION FOR EACH CHILD IN YOUR HOUSEHOLD

Are there children under 18 in your household? Yes - If Yes complete below; No - If No Skip Section

1) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you:** _____

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

2) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you:** _____

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

3) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you:** _____

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

4) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you:** _____

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

MEDICAL EXPENSES: (Medical Expenses Applicable for eligible elderly/disabled households)

Do you have any medical expenses? Yes No

VERIFICATION OF PAID MEDICAL EXPENSES NEED TO BE SUBMITTED IN ORDER TO BE COUNTED.

Please Note: Over-The-Counter expenses you must submit a doctor's note stating all medications.

Please Note: One-year print is needed for any pharmacy/prescription expenses listed.

Type of Expense	Company Name & Address where expense if paid	Amount Paid	Frequency of Payment	Whose Expense is this?
		\$		
		\$		
		\$		
		\$		

CHILD CARE EXPENSES:

(Child Care Expenses Applicable for Family households for children ages 13 and below)

Please Note: Child Care Expense Verification needs to be completed by provider or person(s) to verify payments.

Child Attending	Child Age	Child Care Provider Name, Address & Phone Number	Amount Paid by you per week
			\$
			\$
			\$
			\$

ASSETS (Select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> CHECKING ACCOUNT | <input type="checkbox"/> SAVING ACCOUNT | <input type="checkbox"/> DIRECT EXPRESS CARD |
| <input type="checkbox"/> CD OR MONEY MARKET ACCT | <input type="checkbox"/> STOCKS OR BOND | <input type="checkbox"/> IRA/401K/RETIRMENT ACCT |
| <input type="checkbox"/> WHOLE LIFE INSURANCE | <input type="checkbox"/> ANNUITY ACCT. | <input type="checkbox"/> REAL ESTATE/PROPERTY |
| <input type="checkbox"/> Any other Asset not listed | | |

NO ASSETS: Complete certification: I hereby certify to Zero Assets for all household members:

_____	_____
Head of Household Signature	Date
_____	_____
Other Adult Signature	Date

Provide information below for any above checked asset:

Asset Type	Balance or Value	Bank or Institute Name	Account #	Who holds the account?
	\$			
	\$			
	\$			
	\$			

STUDENT INFORMATION:

Is anyone over 18 in the household a full time student? Yes No Is anyone a part time student? Yes No

Name of Household Member _____ School they attend full time _____

Name of Household Member _____ School they attend full time _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1) Do you anticipate any changes in the household composition over the next 12 months? If YES, please explain: _____ Yes No

2) Have you disposed of any assets within the past two (2) years? If yes, please state value and date disposed of: \$ _____ Date _____ Yes No

3) Have you obtained any assets within the past two (2) years? If yes, please state value and date you obtained it: \$ _____ Date _____ Yes No

4) Does anyone outside of your household pay your bills or give you money? If yes, please explain _____ Yes No

5) Do you receive any regular contributions, monetary or not? (Three times a year or more is regular) If yes, please explain _____ Yes No

6) Have you, or any adult member of your household, ever been arrested or convicted of a drug related crime or participated in a violent crime? If yes, please explain _____ Yes No

7) Are you, or any member of your Household, subject to a lifetime state sex Offender registration program in any state? If yes, which family member: _____ Yes No

CONTACT INFORMATION

Home/Cell Phone Number: _____

Contact Person Phone Number: _____

Email: _____

I do hereby swear and attest that all of the information on this form is true and correct. I understand that a misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance.

*Please note that the information you have provided is subject to verification through computer matching with other federal agencies through HUD's **Enterprise Income Verification (EIV)** process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security

income. After verifications are completed the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058/ HUD-50059 (Tenant Data Summary), a computer-generated form.

I also understand that **ALL CHANGES** in income from any family member in my household is required be reported to **Somersworth Housing Authority within 10 business days of the occurrence.**

FRAUD- Withholding information from the Agency OR providing false information to this Agency.

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 and imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction or termination of subsidy proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent- retroactively, if applicable.

Resident Acknowledgements:

By Signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above;
2. That I understand what fraud is;
3. That I understand the penalties for committing fraud

Signature of Head of Household

Date

Signature of Spouse/Co-Head/Other Adult

Date

Signature of Other Adult

Date