

SOMERSWORTH HOUSING AUTHORITY
25 Bartlett Ave, Suite A, Somersworth, N.H. 03878
Phone: (603)692-2864 / Fax: (603)692-2877

Personal Declaration Form

Household Composition- List all persons who are permanent members of your household, including yourself first:

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

EMPLOYMENT INCOME:

1) Employer _____

Address _____ City/State _____

Phone _____ Fax _____ Contact Person: _____

Rate of Pay Per Hour \$ _____ Average # of hours per week: _____ # of Weeks Worked Per Year: _____

Gross Amount \$ _____ Per _____

2) Employer _____

Address _____ City/State _____

Phone _____ Fax _____ Contact Person: _____

Rate of Pay Per Hour \$ _____ Average # of hours per week: _____ # of Weeks Worked Per Year: _____

Gross Amount \$ _____ Per _____

CHILD SUPPORT:

- Are you divorced? YES NO
- Do you Receive Child Support? YES NO *If YES please fill out below:*

1) Name of child you receive support for: _____ Amount received: \$ _____ per _____

Name & Address of Person(s) Paying Support: _____

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 you receive support for: _____ Amount received: \$ _____ per _____

Name & Address of Person(s) Paying Support: _____

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 _____

OTHER INCOME SOURCES:

Put an "X" on any income source that applies

Food Stamps Monthly Amount \$ _____ APTD Monthly Amount \$ _____
Food Stamps don't count towards your income, but must be reported.

TANF Monthly Amount \$ _____ SSI Monthly Amount \$ _____

Social Security Monthly Amount \$ _____ Alimony Monthly Amount \$ _____

Self employed Average Monthly income \$ _____

Other Income Monthly Amount \$ _____ Received from: _____

Other Income Monthly Amount \$ _____ Received from: _____

CHILD CARE EXPENSES:

- Are you employed or going to school? Yes No
- Do you have child care expenses? Yes No *If YES please fill out below:*

1) Child Care Provider Name _____

Provider Address _____

Weekly Payment: \$ _____ Phone Number _____ Fax Number _____

Name(s) of children using this service _____

2) Child Care Provider Name _____

Provider Address _____

Weekly Payment: \$ _____ Phone Number _____ Fax Number _____

Name(s) of children using this service _____

MEDICAL EXPENSES (FOR ELDERLY/DISABLED PERSONS ONLY):

IF this applies to you or any member of your household: Do you have any medical expenses? Yes No
If YES please fill out below:

• Name of your Medical Insurance Company: _____

Amount of Payment \$ _____ Per _____

• Name of Prescription Drug Plan (if applicable): _____

Amount of Payment \$ _____ Per _____

• Prescriptions per Year: \$ _____ Name of Pharmacy: _____
Please bring in a pharmacy 1 year print-out.

• Over-the-counter drugs per Year: \$ _____ Name of Physician: _____
Please bring a signed note from your Physician stating all over-the-counter drugs.

ASSETS/Bank or Financial Institution Information:

Do you have any assets? If yes; fill out the appropriate section below: Yes No X _____ (initial)

◆ Checking Account Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Checking Account Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Savings Account Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Savings Account Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Money Market Account: Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Store Value Debit Card (Example: Direct Express) Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Certificate of Deposit: Balance/Value: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Savings Bonds: Balance/Value: _____ Number of Bonds: _____

◆ Stocks: Balance/Value: _____ Number of Shares: _____

Name of Bank/Institution: _____ Acct #: _____

◆ 401 K or IRA Account: Balance/Value: _____ Number of Shares: _____

Name of Bank/Institution: _____ Acct #: _____

◆ Real Estate: Value: _____

Address of Property: _____

◆ Whole Life Insurance: Cash Value: _____

Name of Bank/Institution: _____ Policy #: _____

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 time _____ Phone: _____

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

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

5) 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

6) 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

◆**Currently, I can be reached at the following phone number(s):**

Home Phone Number: _____

Cell Phone Number: _____

Other Contact Phone Number: _____

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.**

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Signature of Other Adult

Date

WARNING! Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agencies of the United States.