



## HOUSING CHOICE VOUCHER PERSONAL DECLARATION

**WARNING!! TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES**

**Reason for completing this form:**

<input type="checkbox"/> Reporting a change of income or family size	<input type="checkbox"/> Annual Recertification	<input type="checkbox"/> Relocation
<input type="checkbox"/> Briefing- Application / Port Appointment	<input type="checkbox"/> Contract Signing	<input type="checkbox"/> Informal Hearing

**Head of Household**

Name		
Street address	City	Zip Code
Phone Number (    )	Alternate Phone number (    )	Email address:

**HAVE YOU HAD A CHANGE IN YOUR HOUSEHOLD INCOME OR FAMILY SIZE?**

If yes, You **MUST** explain:

**STATEMENT OF HOUSEHOLD SIZE**

Please list **ALL** Persons who reside in your Household (including yourself)

You must use the correct legal name for each member as it appears on their Social Security card

Full Name	Relationship	Sex	Social Security #	Date of Birth	Age	Place of Birth
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

**HOUSEHOLD INFORMATION – Circle YES OR NO to ALL questions below**

**Have you or any household member been convicted of any drug-related or violent criminal activity within the last 12 months?**

YES / NO If yes, please explain:

Are you or any other family member of your household disabled? YES / NO

If yes, who?:

Are you or any other adult member of your household claiming ZERO income? YES / NO

**\*Please note: ALL adults claiming Zero income, MUST complete a Notarized Statement of Zero income.**

If yes, who?:

Are you or any member of your household, over the age of 18 a full time student? YES / NO If yes, please list below:

Student Name	School name and address	Full or part time Student

# STATEMENT OF HOUSEHOLD INCOME

**YOU MUST CIRCLE YES OR NO FOR EACH QUESTION**

**ALL Adult household members MUST complete a Statement of Income**

Name: \_\_\_\_\_

**Are you employed?** YES / NO If yes: Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ phone# \_\_\_\_\_ fax# \_\_\_\_\_

Hourly rate of pay is \$ \_\_\_\_\_ # of hours worked per week \_\_\_\_\_ paid: weekly bi-weekly monthly  
Amount of weekly tips \$ \_\_\_\_\_ Amount of weekly commission \$ \_\_\_\_\_ Weekly bonus \$ \_\_\_\_\_

**Do you have more than one Employer?** YES / NO If yes: Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ phone# \_\_\_\_\_ fax# \_\_\_\_\_

Hourly rate of pay is \$ \_\_\_\_\_ # of hours worked per week \_\_\_\_\_ paid: weekly bi-weekly monthly  
Amount of weekly tips \$ \_\_\_\_\_ Amount of weekly commission \$ \_\_\_\_\_ Weekly bonus \$ \_\_\_\_\_

**Do you receive Child Support or Alimony payments?** YES / NO If yes, list below:

**I receive child support from,** (what County) \_\_\_\_\_ in the amount of (the amount you actually receive),  
\$ \_\_\_\_\_ circle one- weekly bi-weekly monthly

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**Do you receive unemployment benefits?** YES / NO  
If yes, what is the amount? \$ \_\_\_\_\_ Circle one- weekly bi-weekly monthly

**Do you receive Worker's Compensation?** YES / NO  
If yes, what is the amount? \$ \_\_\_\_\_ Circle one- weekly bi-weekly monthly

**Do you receive a pension?** YES / NO  
If yes, what is the amount? \$ \_\_\_\_\_ Circle one- weekly bi-weekly monthly

**Do you or anyone in or household receive regular cash contributions from an individual or agency?** YES / NO  
If yes, from who? \_\_\_\_\_ Amount you receive \$ \_\_\_\_\_ weekly bi-weekly monthly

**Do you or someone in your household receive Social Security or SSI?** YES / NO If yes, please list below:

Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

**Do you receive assistance from Jobs and Family Services?** YES / NO If yes, answer the questions below:

**Do you receive Food Stamps?** YES / NO If yes, how much per month \$ \_\_\_\_\_

**Do you receive Cash Assistance?** YES / NO If yes, how much per month \$ \_\_\_\_\_

**Are you under Sanction?** YES / NO If yes, what is your pre-sanction amount \$ \_\_\_\_\_

**Do you receive any income from any another source not listed above?** YES / NO  
If yes, from who? \_\_\_\_\_ Amount you receive \$ \_\_\_\_\_ weekly bi-weekly monthly

**STATEMENT OF ASSETS**  
**YOU MUST CIRCLE YES OR NO FOR EACH QUESTION**

<b>ASSETS</b>			
Do you or any household member have a checking, savings account, CDs, Money Markets, Stocks, Bonds, IRA's, Trust Funds or any retirement accounts? YES / NO If yes, please list below:			
Household Member	Bank name	Type of account	Value / balance
			\$
			\$

<b>PROPERTY</b>		
Do you or any household member currently own real estate, rental property, land contract, or any other real estate holdings? This includes a personal residence, mobile homes, vacant land, vacation homes or commercial property. YES / NO If yes, please list below:		
Household Member	Type of property / asset	Value
		\$
Have you or any household member disposed, sold or given away any property or assets within the last 2 years? YES / NO If yes, please explain:		

**STATEMENT OF ELIGIBLE EXPENSES**  
**YOU MUST CIRCLE YES OR NO FOR EACH QUESTION**

<b>CHILD CARE EXPENSES</b>
Do you pay childcare to allow you to go to work or school? YES / NO If yes, what is the amount you pay \$_____ Circle one- weekly bi-weekly monthly Name and address / phone / fax of childcare provider: _____
<b>CARE ATTENDANT / MEDICAL EQUIPMENT EXPENSES</b>
Do you pay for a care attendant or for any medical equipment for any disabled / handicapped member of the family to permit that person or someone else in the family to work? YES / NO If yes, what is the amount you pay \$_____ Circle one- weekly bi-weekly monthly Name and address / phone / fax for care attendant: _____
<b>MEDICAL EXPENSES</b>
Do you pay out of pocket for any medical expenses such as medical bills, prescriptions, medical insurance, or have a medical spend down with Jobs & Families Services? YES / NO If yes, what is the amount you pay \$_____ Circle one- weekly bi-weekly monthly If you are elderly or disabled and have out of pocket medical expenses, you MUST provide proof of these expenses for the last 12 months in order to receive a deduction.

**CERTIFICATION (Please read before signing)**

I/WE certify that the above information is true to the best of my knowledge and belief. I/WE understand that the above information is being collected to determine the continuation of eligibility for Section 8 assistance. I/WE authorize the HCV office to verify all information provided on this declaration and to release information to appropriate Federal, State, or local agencies. I/WE understand that false statements or information could result in the termination of any Section 8 assistance and are punishable under Federal Law. I understand that all changes in income must be reported to the HCV, in writing within 10 days.

\_\_\_\_\_  
 Head of Household                      Date

\_\_\_\_\_  
 Spouse/Other Adult                      Date

\_\_\_\_\_  
 Other Adult                                  Date

\_\_\_\_\_  
 Other Adult                                  Date

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