

PERSONAL DECLARATION

This form must be completed before your re-exam and should be in your own handwriting. However, if you need assistance in completing the form please come by the office and we will be happy to assist you. You **MUST** use the correct legal name for each household member as it appears on their social security card. **ALL** adult members of the household must sign below certifying the information pertaining to them is correct.

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	INDICATE IF MARRIED (M) WIDOWED (W) SEPARATED (S) DIVORCED (D)
1.				
2.				
3.				
4.				

CHILDREN (name as it appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENTS NAME	ABSENT PARENTS ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

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

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

SS NO. (if known)

SS NO. (if known)

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, Workman's Compensation, retirement benefits, AFDC/WORK FIRST, Veterans benefits, rental property income, stocks and bonds, income from bank accounts, alimony, and all other sources.

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC/WORK FIRST	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

III. EXPENSES/ ASISTANCE: Please answer each question for you and each household member

Do you incur any unreimbursed medical costs? _____ Yes _____ No If so, how much? _____

Do you receive food stamps? _____ Yes _____ No If so, how much? _____

Do you have expenses for Child Care? _____ Yes _____ No If so, list Childcare provider name _____

Address: _____ Phone number: _____

IV. ASSETS: Please answer each question for you and each household member

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____ Yes _____ No

Have you sold any real estate in the last two years? _____ Yes _____ No

Do you own any stocks or bonds? _____ Yes _____ No

Do you have a savings accounts or checking account? _____ Yes _____ No

If yes, give bank name/s _____ Checking? _____ Yes _____ No Savings? _____ Yes _____ No

Do you own a car? _____ Yes _____ No If yes, Model _____ Year _____ Color _____

Are you on Zero Income? _____ Yes _____ No If so, when was the last form completed? _____

Does anyone outside of your household pay for any of your bills or give you any money? _____ Yes _____ No

If yes, explain.

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 member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATLEY.

 SIGNATURE OF HEAD OF HOUSEHOLD DATE

 SIGNATURE OF SPOUSE DATE

 SIGNATURE OF OTHER ADULT DATE

 SIGNATURE OF OTHER ADULT DATE

WARING! 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 AGENCY OF THE UNITED STATES.