

**SECTION 8 PROGRAMS
FAMILY PERSONAL DECLARATION**

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members 18 years or older of the household must sign certifying the information pertaining to them. (PLEASE PRINT)

Applicant/Participant Name

Home Phone

Head HH Work Phone

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. **List the Head of Household and all other members who will be living in the unit.**

Race Codes: 1 = white; 2 = black/African American; 3 = American Indian/Alaska Native; 4 = Asian; 5 = Native Hawaiian/Pacific Islander
Ethnicity Codes: 1 = Hispanic or Latino; 2 = not Hispanic or Latino

	Member's Full Name	Relation to Head	Birth Date	Marital Status	Sex	List school attending, if applicable	Race	Ethnicity
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

For minor children listed above, list all absent parent's names.

Child's Name	Absent Parent's Name	Absent Parent's Address

2. Does anyone live with you now who is not listed above? Yes No

3. Does anyone plan to live with you in the future who is not listed above? Yes No

Explain if you answered yes to either question: _____

4. Is head of household or spouse a person with disabilities? Yes No

5. Please identify any special housing needs your household has. _____

6. How many people live in your unit now? _____

7. Has any member of the household ever been arrested or convicted of a crime? Yes No

If yes, state reason for arrest and dates of arrests or conviction. _____

8. Is any member of your household subject to a lifetime registration requirement as a sex offender? Yes No

9. Is/has any member of the household ever been addicted to drugs or alcohol? Yes No

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.

- YES** **NO** **Does any member of your Household:**
- Yes No 1. Work full-time, part-time or seasonally?
 - Yes No 2. Expect to work for any period during the next year?
 - Yes No 3. Work for someone who pays them cash?
 - Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
 - Yes No 5. Now receive or expect to receive unemployment benefits?
 - Yes No 6. Now receive or expect to receive child support any time over the next year? (includes sporadic payments)
 - Yes No 7. Have an entitlement to receive child support that he/she is not now receiving?
 - Yes No 8. Now receive or expect to receive alimony?
 - Yes No 9. Have an entitlement to receive alimony that is not currently being received?
 - Yes No 10. Now receive or expect to receive public assistance (welfare), cash benefits?
 - Yes No 11. Now receive or expect to receive Social Security benefits or SSI?
 - Yes No 12. Now receive or expect to receive income from a pension or annuity?
 - Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
 - Yes No 14. Do you have a life insurance policy with a **cash value**?
 - Yes No 15. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
 - Yes No 16. Own real estate or any assets for which you receive no income (checking account, cash)?
 - Yes No 17. Have you sold or given away real property or other assets (including cash) in the past two years?
If yes, describe and list value. _____

INCOME

LIST INCOME FROM ALL SOURCES FOR ALL FAMILY MEMBERS. If you have no income, please write "none".

Name of Family Member Receiving the Income	Source / Type of Income	Annual Income

ASSETS

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, stocks, bonds, trusts or other assets) of all household members. If this does not apply, please write "none".

Member Name	Bank Name or Investment Source	Type of Account	Account Number	Balance

EXPENSES

Yes No Do you have expenses for child care of a child ages 12 or younger while you work or attend school? If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you for the child care? \$ _____

Yes No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work or attend school? If you pay a care attendant, provide the name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment? \$ _____

ELDERLY & DISABLED FAMILIES ONLY (attach a separate sheet if you need more room)

Yes No Do you have Medicare? If yes, what is your monthly premium? \$ _____

Yes No Do you have any other kind of medical insurance? If yes, list the name and address of the insurance company _____

_____ List your monthly premium \$ _____

Yes No Do you have outstanding medical bills which you are paying? If yes, provide a list of doctors, hospitals, clinics, etc. and the address for each. _____

Yes No Do you pay for any prescriptions? If yes, list the names and address of any pharmacies where you do business. _____

Yes No Are you enrolled in the Medicare Prescription Drug Plan–PART D? If yes, bring your Drug Card with you to your re-exam appointment. If you pay a monthly premium, how much do you pay? \$ _____

PARTICIPANT CERTIFICATION

I/We certify that the information given to the **Stark Metropolitan Housing Authority** on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. *I/We also understand that false statements or information are grounds for denial/ termination of housing assistance and termination of tenancy.

Signature of Head

Date

Signature of other adult household members:

Date

Date

Date

NOTE TO PARTICIPANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.