

Public Housing Tenant PERSONAL DECLARATION

Return to: _____

This form must be completed by you. You must use the correct legal name for each member of your household who lives in the unit. **ALL** adult members of the household (18 years and older) must sign this form certifying the information pertaining to them is true and correct. **PLEASE PRINT. PARTIAL/INCOMPLETE FORMS WILL NOT BE ACCEPTED. 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 Agency of the United States.**

Name/Head of Household _____ Address _____
 City _____, State _____ Zip Code _____ Telephone No. () _____

I. HOUSEHOLD COMPOSITION: List all persons who are living in your home, listing head of household first

ADULT FAMILY MEMBERS 18 YEARS AND OLDER

Family Member #	ADULTS ONLY	Age	Date of Birth	Male or Female M/F	Relationship To Head of Household	Total Years Of Schooling	Full-Time Student Y/N	Social Security Number
	18 years and older LEGAL NAME							
1					SELF			
2								
3								
4								

CHILD FAMILY MEMBERS

Family Member #	CHILDREN ONLY	Age	Date of Birth	Male or Female M/F	Relationship To Head of Household	Total Years of School	School Name	Custody of Child Y/N	Social Security Number
	Name as it appears on Social Security Card								
5									
6									
7									
8									
9									

II. HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes but is not limited to money from employment (including tips, bonuses, and commissions, ect.), self-employment, child support, alimony, ANY cash welfare benefits, Social Security , SSI, other disability benefits, Workers' Compensation benefits, pensions/retirement benefits, unemployment benefits, veteran's benefits, rental property income, interest income, contributions/money given to you on a routine basis, etc...

YOU MUST ANSWER EVERY QUESTION - COMPLETE ALL BOXES BELOW

Check **Yes** or **No** and if **Yes** enter the **family member number** that is beside each name above

Type of Income	Yes	No	Family Member #	Monthly Amount
Employment				
Tips				
Bonuses				
Commissions				
Self-Employment				
Social Security				
SSI				
Pension				
VA Pension				
Disability (Other than SS/SSI)				
Unemployment				
Welfare (CASH)				
Foodstamps				
Worker's Comp				
Alimony				
Child Support Order County _____				

Type of Income	Yes	No	Family Member #	Value
Savings Accounts				
Checking Accounts				
Stocks/Bonds				
CD's or T-Bills				
IRA/Keough Accts.				
Real Estate/Property				
Investments or Trusts				
Lump Sum Receipts				
Grants - School Name _____				
Scholarships				
Stipends				
Recurring Gifts				
Disposed of Assets (Last 2 years)				
Other (Specify)				
Zero Income List all members at \$0				

All employment information for **EACH** family member must be listed below

Name of Family Member	Employer Name	Employer Address	Employer Phone	Employer Fax	Hourly Rate	Avg. hours per week

CASH & NON-CASH CONTRIBUTIONS

Contributions to the family can include but are not limited to contributions (whether in money form or items given) for food expenses, cleaning products, grooming products, paper products, transportation expenses (gas, repairs, maintenance, tires, insurance), car payments, entertainment (cable TV, satellite TV, movies, video rentals, club memberships, sporting events, lottery tickets liquor/beer/wine, vacations) clothing expenses (purchases, laundry and dry cleaning) , smoking expenses, telephone , cell phone, pager, internet, utilities (gas, electric, etc.) paying other bills (credit cards, loans, rental companies, etc.)

Note: Food stamps are excluded as a contribution as well as food contributed by food banks, the WIC Program, pantries etc. or food that is consumed at public or non-profit funded meal programs.

- 1) Does anyone outside of your household buy or give you non-monetary items? Yes_____ No _____.
If yes, monthly value of items \$_____.
- 2) Does anyone outside of your household pay for any of your bills? Yes_____ No _____. If yes, monthly value \$_____.
- 3) Does anyone outside of your household give you money? Yes_____ No _____. If yes, monthly value \$_____.

Name, address and phone number of person or persons contributing monetary or non-monetary items to your household
Name: _____ Phone No. (____)_____

Address: _____

Attach additional sheets if necessary

III. ALLOWANCES

If the Head of Household/Spouse/Co-head is at least 62 years of age OR is disabled do you

- 1) pay for medical insurance? Yes_____ No _____
- 2) pay out-of-pocket medical expenses that are not paid for or reimbursed by insurance or another source for any family member? Yes_____ No _____

If someone in the household is disabled, does the household pay for out-of-pocket expenses (that are not paid for or reimbursed by insurance or another source) for attendant care or auxiliary apparatus items so that any adult family member is enabled to work? Yes_____ No _____ If yes, please specify

IV. GENERAL INFORMATION/DOCUMENTATION

- 1) Since your move-in, have you been charged, arrested or convicted of **ANY** crime? Yes_____ No _____
If yes, which jurisdiction? _____ Offense/Charge _____ Offense Date _____
- 2) Is any Household member subject to a Lifetime Sex Offender Registration requirement in any State? Yes_____ No _____. If yes, which State? _____ Offense/Charge _____ Offense Date _____
- 3) Do you have any pets? Yes_____ No _____ If yes, specify _____
- 4) Does any family member with a disability require special accommodations? _____ Specify: _____

5) If you own a vehicle:

Vehicle #1 - License Plate # _____
Year _____
Make _____ Model _____

Vehicle #2 - License Plate # _____
Year _____
Make _____ Model _____

- 6) **IN AN EMERGENCY NOTIFY:** #1 Name _____ #2 Name _____
Address _____ Address _____
Phone # (____) _____ Phone # (____) _____
Relationship _____ Relationship _____

AFTER READING THE FOLLOWING STATEMENTS, SIGN AND DATE FORM AT BOTTOM OF THIS PAGE

Resident represents that all statements and information in this document are true and accurate. Any false, fraudulent or inaccurate information contained in this document, relied upon by PMHA, is grounds for termination of the lease and grounds for eviction and criminal action. The above information is correct to the best of my knowledge. I have no objections to inquiries for the purpose of verification of the above statements. It is understood that this information will be held in strict confidence.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Head _____ Date _____

Signature of Other Adult _____ Date _____