

Cheyenne Housing Authority

HOUSEHOLD DECLARATION FORM

(for Public Housing, Section 8 - Housing Choice Voucher and Multi-family housing programs)

This form must be filled out completely. Mark "N/A" if not applicable

YOUR INFORMATION

NAME

AGE

SSN (last 4 digits)

XXX-XX-

PHONE#

EMAIL

ADDRESS

CITY

STATE

ZIP

DISABLED

Yes___ No ___

STUDENT

Yes___ No ___

IF YES

Full time ___ Part Time ___

MEMBERS OF YOUR HOUSEHOLD (PEOPLE WHO LIVE WITH YOU)

First Name	Last Name	AGE	Relationship (e.g. Spouse, son, live-in aide etc.)	Disabled (Yes or No)	Student (Yes or No)	If yes to student (FT or PT)
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _
				Yes___ No _	Yes___ No _	FT___ PT _

Is anyone in the household 18 years old or older a student who is enrolled in an institution of higher education?

Yes _____ No _____

If Yes, who: _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



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HOUSEHOLD MEMBER'S INCOME

Please answer the following with Yes or No. Each Section must be filled out **completely**.

Source	Do you or anyone who lives with you gets money from this source? (Yes or no)	If No, Mark "N/A" If Yes, Monthly Amount
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Wages / Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Social Security (SSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
State SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Self-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Pension / Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Power / TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Per Capita	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Veterans Benefit (Retirement, Disability, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Gift Income (Examples: someone who does not live with you 1) pays your bills monthly 2) regularly gives you cash 3) regularly buys you groceries or clothes.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Student financial Aid / Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Other Income (Any and all income sources must be reported)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	\$ _____
Child Support or Alimony	Is there a court ordered amount you are supposed to get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How much \$ _____
	Do you get the full amount ordered? If not, how much do you actually get?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes How much \$ _____



HOUSEHOLD MEMBER'S BANK ACCOUNTS

Please answer the following with Yes or NO. Each section must be filled out completely.

Do you or anyone who lives with you have any of the following assets (e.g. Bank Accounts)

Type of Account	Do you or anyone who lives with you have this type of account? (Yes or no)	Name of Bank Name of Prepaid Card If No, Mark "N/A"	Provide Amount If No, Mark "N/A"
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
IRA / Other Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Trust accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Whole Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____		\$ _____
Prepaid Cards (e.g. Direct Express)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Who _____	Direct express _____ Blue bird _____ Other _____	\$ _____ \$ _____ \$ _____
Real Estate	Do you own any Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____	
	If yes, what is the address of the property?	_____	
	Appraised Market Value	\$ _____	
	Mortgage or outstanding balance due	\$ _____	

❖ Has anyone disposed of any asset for less than fair market value within the last 2 years?

☐ YES ☐ NO If yes, how much did you dispose the asset for: \$ _____

If Yes, please explain (example: Selling a house for less than what it's worth).

HOUSEHOLD EXPENSESEach section **must be filled out completely.**Does anyone pay **childcare** for children under 13 years of age?

Yes ____ No ____

Monthly Amount \$ _____

If yes: Is the amount reimbursed/paid for by an agency or another person who does not live with you?

Yes ____ No ____

Does the childcare allow anyone to go to work, go to school or look for work?

Yes ____ No ____

Medical expenses must be anticipated, regular, ongoing expenses that a family expects to pay in the 12 months following examination or reexamination. Medical expenses for the previous year *may* be used as a basis for estimating the family's anticipated expenses for the coming year.

The medical expense deduction is permitted **only for families in which the head, spouse, or cohead is at least age 62 or is a person with disabilities.** If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted to the extent they exceed three percent of annual income.

Does anyone pay **medical expenses?**

Yes ____ No ____

Monthly Amount \$ _____

❖ Are you, or anyone who lives with you, required to register as a sex offender in any State?

☐ YES ☐ NO

❖ Have you, or anyone who lives with you, been convicted of any drug related or violent criminal activity since the last reexamination?

☐ YES ☐ NO

If yes, please explain:

❖ Currently, or at any time within the last 12 months, have you, or anyone who lives with you, received assistance at another location?

☐ YES ☐ NO | If yes, who, where and when:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance/the lease and/or prosecution.

Signature of you and everyone who lives with you that is 18 years of age or older:

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____