

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

**YOUR INFORMATION**

NAME:  AGE:  SSN (last 4):

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<br>(e.g. spouse, son,<br>live-in aide etc.) | Disabled?<br>(Y or N)                                    | Student?<br>(Y or N)                                     | If Yes to<br>Student<br>(FT or PT)                      |
|------------|-----------|-----|--|--|--|---|
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |
|            |           |     |  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> Yes <input type="checkbox"/> NO | <input type="checkbox"/> FT <input type="checkbox"/> PT |

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.

**HOUSEHOLD MEMBER'S INCOME**

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

Do you or anyone who lives with you get money from the following:

| Source  | Do you or anyone who lives with you get money from this source? (Yes or No) | If No, mark "N/A"<br>If yes, monthly amount  |
|---|---|--|
| Wages/employment  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Wages/employment  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Wages/employment  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Social Security/SSI   | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| State SSI   | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Unemployment  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Self-employment   | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Pension/retirement  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| SNAP  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Power/TANF  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Per Capita  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Veterans Benefits   | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Workers Compensation  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Student Financial Aid/Work Study  | <input type="checkbox"/> Yes <input type="checkbox"/> NO It yes, who _____  | \$ _____   |
| Gift income (examples: someone who does not live with you (1) pays your bills monthly, (2) regularly gives you cash, or (3) regularly buys your groceries or clothes) | <input type="checkbox"/> YES <input type="checkbox"/> NO It 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 It 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 It no, 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) | If No, mark "N/A"<br>If yes, name of bank   |
|-------------------------------------|--|---|
| 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 _____ | <input type="checkbox"/> Direct Express <input type="checkbox"/> Blue Bird <input type="checkbox"/> 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 EXPENSES**

Each section ***must be filled out completely***. Mark "N/A" if not applicable.

|  |  |                         |
|--|--|-------------------------|
| Does anyone pay <b>childcare</b> for children under 13 years of age? If yes: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monthly Amount \$ _____ |
|--|--|-------------------------|

|  |  |
|--|--|
| Is the amount reimbursed/paid for by an agency or another person who does not live with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |  |
|---|--|
| Does the childcare allow anyone to go to work, go to school or look for work? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>medical expenses</b> ? | <input type="checkbox"/> Yes <input type="checkbox"/> NO | Annual 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: _____ |

