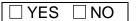
(for Public Housing, Section 8 and Multi-family housing programs)

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

	Y	OUR I	NFORMATION			
NAME:			AGE:	SSN (I	ast 4): xxx-xx	<
PHONE #: ( ) - EMAIL:						
ADDRESS:						
CITY: STATE: ZIP:						
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? (Y or N)	Student? (Y or N)	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 listed above disabled, and as a result of such disability in need of a reasonable accommodation?



If yes, please explain (a reasonable accommodation is a change in policies or practice that will allow equal opportunity for housing assistance).

]Yes □No

∐Yes □No

]FT 🗌 PT



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# HOUSEHOLD MEMBER'S INCOME

Please answer the following. Each section <u>must be filled out completely</u>. Mark "N/A" if not applicable.

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 yes, monthly amount
Wages/employment		□Yes □No If yes, who		\$
Wages/employ	ment	□Yes □No If yes, who		\$
Wages/employ	ment	□Yes □No If yes, who		\$
Social Security/SSI		□Yes □No If yes, who		\$
State SSI		□Yes □No If yes, who		\$
Unemployment		□Yes □No If yes, who		\$
Self-employment		□Yes □No If yes, who		\$
Pension/retirement		□Yes □No If yes, who		\$
SNAP		□Yes □No If yes, who		\$
Power/TANF		□Yes □No If yes, who		\$
Per Capita		□Yes □No If yes, who		\$
Veterans Benefits		□Yes □No If yes, who		\$
Workers Compensation		□Yes □No If yes, who		\$
Student Financial Aid/Work Study		□Yes □No If 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)		□Yes □No If yes, who		\$
Child support	Is there a court ordered supposed to get?	amount you are	☐Yes ☐ No If yes, how much \$	
or alimony	Do you get the full amount ordered? If not, how much do you actually get?		□Yes □No If no, how much \$	



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# HOUSEHOLD MEMBER'S BANK ACCOUNTS

Please answer the following. Each section <u>must be filled out completely</u>. Mark "N/A" if not applicable.

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 yes, name of bank	
Checking		□Yes □No If yes, who		
Savings		□Yes □No If yes, who		
Checking		□Yes □No If yes, who		
Savings		□Yes □No If yes, who		
Certificate of Deposit		□Yes □No If yes, who		
IRA/Other Retirement Funds		□Yes □No If yes, who		
Stocks		□Yes □No If yes, who		
Bonds		□Yes □No If yes, who		
Mutual Funds		□Yes □No If yes, who		
Trust Accounts		□Yes □No If yes, who		
Whole Life Insurance Policy		□Yes □No If yes, who		
Prepaid cards (e.g. direct express)		□Yes □No If yes, who	Direct Express D Blue Bird D Other	
Do you own a		ny property?	□Yes □No If yes, who	
Real Estate	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).



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#### HOUSEHOLD EXPENSES

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

Does anyone pay <u>childcare</u> for children under 13 years of age? If yes:	□Yes □No	Monthly Amount	\$
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 l	ook for work?	□Yes □No

Does anyone pay medical expenses?	□Yes □No	Annual Amount \$	
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 <i>may</i> 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			

- 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?

three percent of annual income.

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 <u>everyone</u> who lives with you that is <u>18 years</u>	of age or older:
Signature:	Date:

