

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 (e.g. spouse, son, live-in aide etc.)	Disabled? (Y or N)	Student? (Y or N)	If Yes to Student (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

❖ Is anyone listed above disabled, and as a result of such disability in need of a reasonable accommodation?

YES NO

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



HOUSEHOLD MEMBER'S INCOME

Please answer the following. Each section **must be filled out completely**. 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	<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/SSI	<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 Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who _____	\$
Workers Compensation	<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 _____	\$
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 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 no, how much \$ _____



HOUSEHOLD MEMBER'S BANK ACCOUNTS

Please answer the following. Each section ***must be filled out completely***. 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	<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 childcare 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	

Does anyone pay medical expenses ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Amount \$ _____
<p>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.</p> <p>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.</p>		

❖ 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: _____

