

REMOVE A PERSON FROM HOUSEHOLD

HOUSING CHOICE VOUCHER (HCV)

SECTION 8

- Household Declaration
- Letter written by Head of Household requesting removal

Cheyenne Housing Authority



For Vouchers and Public Housing : This is a Household Declaration of information and income. Starting with the Head of Household, you must list all persons who reside in your home.

1.) Head of Household		Current Phone Number _____		Email: _____	
Name:		DOB:	AGE:	SSN:	
Address:		City:	State:	Zip:	
Gender: M F	Relationship: Head	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

2.) Household Member		Has this person moved in since your application/last recertification? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

3.) Household Member		Has this person moved in since your application/last recertification? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

4.) Household Member		Has this person moved in since your application/last recertification? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

5.) Household Member		Has this person moved in since your application/last recertificaton? <u> </u>Y <u> </u>N			
Name:		DOB:	AGE:	SSN:	
Gender: M F	Relationship:	Disabled: Y N		Race/Ethnicity: /	
Student: Y N if yes: Full Time Part Time		School Name:			
Employer:		Full Part	Monthly Income \$		
Employer Address:		City:	State:	Zip:	
Employer Contact:		Email:	Phone:	Fax:	

If you have additional household members, you must complete a supplemental family information and income declaration form.

RACE - 1. WHITE 2. BLACK 3. AMERICAN INDIAN/ALASKAN NATIVE 4. ASIAN 5. HAWAIIAN/PACIFIC ISLANDER 6. MIXED 7. OTHER

ETHNICITY - 1. HISPANIC 2. NON-HISPANIC

THE HOUSEHOLD INFORMATION IS TRUE & COMPLETE: Head of Household Initials: _____

Income Sources - Head of Household must answer all questions pertaining to each household member, regardless of age. All income must be reported.

Income Sources:	YES	NO	Monthly \$	Person Receiving	Comments
Cash/gifts from family/others					
Is any member court ordered to receive child support or alimony?					
Child Support or Alimony Actually received?					
Employment					
Pension/Retirement					
Per Capita					
Power					
Self Employment					
SNAP					
Social Security					
SSI					
State SSI					
Student Financial Aid					
Unemployment					
Veterans Benefits					
Workers Compensation					
Work Study Employment					
Other					

Assets: Do you or any member of your household own or have any legal interest in any type of asset. ____Y____N
 You must list all assets for you or any member of your household. Assets include but are not limited to: cash, checking, savings, stocks, bonds, treasury bills, money market, certificate of deposit, whole life insurance, real estate and retirement accounts.

Asset Type:	Account balance/Amount of Asset

Has any member of your household disposed of any asset for less than fair market value within the last two years?
 ____Y____N If yes, please explain:

THE INCOME AND ASSET INFORMATION IS TRUE & COMPLETE: Head of Household Initials: _____

- 1.) Does anyone in you household pay childcare for children under 13 years of age? ___Y ___N
If yes, monthly amount \$ _____
- 2.) Does anyone in the household (if elderly or disabled) pay for medical expenses? ___Y ___N
If yes, monthly amount \$ _____
- 3.) Have you or any member of your household been arrested? ___Y ___N
Have you or any household member been convicted for any drug related or violent criminal activity? ___Y ___N
- 4.) Is any household member required to register as a sex offender? ___Y ___N
- 5.) Are you or a member of the household a person with a disability and as a result of such disability requesting a reasonable accommodation. ___Y ___N
If yes, please explain. (A reasonable accomodation is a change in a policy, procedure, rule, practice or program service that will allow equal opportunity for housing assistance.)
- 6.) If this is your annual recertification, do you plan on moving? ___Y ___N (Section 8 participants only)
- 7.) What utilities do you pay?

CHA Required Verification

Income: Payroll summary from your employer(s) or two (2) consecutive months of check stubs, court ordered child support verification, social security/disability, or any other income any household member may receive.

Assets: Three (3) consecutive months of bank statement(s).

Medical Expenses: (Previous year) Printouts from doctors, pharmacy, or any out of pocket medical expense incurred in the previous year. **(Current year)** insurance premiums will require (3 months) bank statements or Invoice and /or payment book from your provider. All other medical expenses will need invoices with verification of payment.

Child Care Expenses: Three (3) consecutive months of receipts from the childcare provider.

The undersigned hereby represents that all of the information provided is true and complete and hereby authorizes the Cheyenne Housing Authority to obtain information from any source to verify information provided. False or incomplete information given above will result in the Cheyenne Housing Authority (1) rejecting this Family Declaration and/or (2) terminating assistance/tenancy if false or incomplete information is discovered after occupancy or assistance begins. Participant(s) would be required to repay the CHA for any assistance provided based upon false or incomplete information provided by the participant(s).

I/We understand that if we believe we have been discriminated against, we may call the Fair Housing and Equal Opportunity Hotline at 1-800-877-7353.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES: A PERSON GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDEULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED UNDER THIS TITLE OR IMPRISONED FOR UP TO FIVE YEARS OR BOTH.

This information and declaration form is to be signed by all household members 18 years of age and older.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____