

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: | Last 4 of 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?** Y N

| | | | | |
|---|--------------|-------------------|------------------|----------------------|
| Name: | | DOB: | AGE: | |
| 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?** Y N

| | | | | |
|---|--------------|-------------------|------------------|----------------------|
| Name: | | DOB: | AGE: | |
| 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?** Y N

| | | | | |
|---|--------------|-------------------|------------------|----------------------|
| Name: | | DOB: | AGE: | |
| 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?** Y N

| | | | | |
|---|--------------|-------------------|------------------|----------------------|
| Name: | | DOB: | AGE: | |
| 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

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 | | | | | |
| Employment | | | | | |
| 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:

Have you or any other household member filed a tax return for the previous tax year? ____Y____N
 If yes, a copy of the tax return(s) may be requested by CHA.

- 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
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.
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?

Please see attached list for verification requirements.

Delete the following highlighted area.

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.

APPLICANT/PARTICIPANT CERTIFICATION

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: _____