

PERSONAL DECLARATION (PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM)

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME OF EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

I). HOUSEHOLD COMPOSITION: List all persons who will be living in your home listing head of household first.

Adults (Legal Name)	Year of Birth	Relationship to Head of Household	Indicate if married (M), widowed (W), separated (S), or divorced (D)
		HEAD	

Children (Name as it appears on the SS card)	Year of Birth	School Name	Relationship to Head of Household

Emergency Contact Person/s: _____

Emergency Contact Phone Number: _____

Relationship to you: _____

Your Current Phone Number: _____ (If you do not have a phone of your own, please list a number you can be reached)

Present Mailing Address: _____

If you have recently separated or divorced, please list name and address of spouse/ex-spouse as follow:

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

SS no. (If known)

SS no. (If known)

II). TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

Household Member	Employer	Total Weekly Wages	TANF	Child Support Monthly	Social Security	Unemployment Benefits	All other income
1.							
2.							
3.							
4.							



III). ASSETS: If yes to any, list below. Do you or any household members own or have an interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own any stocks or bonds? _____ Do you have savings accounts? _____ If yes, list name of bank: _____

Do you own a car? _____ Model/Year: _____ Tag No. _____

Do you own a second car? _____ Model/Year: _____ Tag No. _____

1.) Does anyone outside of your household pay any of your bills or give you money? Y/N _____ If yes, explain below:

2.) Have you or any other adult members ever used any name(s) or SSN(s) other than the one you currently using? Y/N _____ If yes, explain below:

3.) Have you or anyone in your household ever been convicted of any crime other than traffic violations? Y/N _____ If yes, explain below:

4.) Have you ever committed any fraud in a federally assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Y/N _____ If yes, explain below:

5.) Do you pay child care? Y/N _____ How much do you pay? \$ _____ per week OR \$ _____ per month
Who is your child care provider? _____

6.) Do you or any member of your family have medical cost on continuous basis? Y/N _____ (If you are elderly or disabled and you qualify for this deduction, you will need to bring in proof of expense.) _____

7.) Do you or any member of your family pay HEALTH INSURANCE? Y/N _____ (If you are elderly or disabled and you qualify for this deduction, you will need to bring in proof of expense.) _____

8.) Other information: (This space is being provided for any additional information you feel may be important to the application):

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all changes** in my income of any member of the household as well as **any changes** in the household members must be reported to the Alexander City Housing Authority in **WRITING IMMEDIATELY**.

PHA Representative

Date

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS QUALITY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.