

PERSONAL DECLARATION FORM

Name of Head of Household (First, MI, Last):

Address:		Bedroom Size	
Phone Number(s)	Home ()	Cell ()	Work ()
Email address			

PREVIOUS OR CURRENT ASSISTED HOUSING HISTORY

Have you ever lived in housing owned or managed by Portsmouth Redevelopment & Housing?	Yes/No
Have you ever lived in Section 8 assisted housing?	Yes/No
Have you ever lived in Public Housing or Section 8 assisted housing in another city/state?	Yes/No
If you answered YES to any of the questions above, please list when and where.	

SECTION I - HOUSEHOLD COMPOSITION

Provide the following information on all members in your household, including yourself (head of household) first, followed by spouse, co-head, then oldest to youngest household members:

Race: 1=White, 2=Black/African American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Pacific Islander

Name of Family Member (Last, First, Middle Initial) As appears on Social Security Card	Relationship	Race	Sex	Age	Date of Birth (Month-date-year)	Last 4 of Social Security Number	Marital Status	Military Status Yes/No
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								

Do you or any family household member listed above need reasonable accommodation? Yes _____ No _____

ADDITIONAL INFORMATION		Yes or No – If Yes, include name
1. Is anyone in the household expecting a child?		
2. Are there any anticipated changes in the household composition? Explain		
3. Is any household member temporarily absent from the home (military, school, etc.)? Explain		
4. Are you or any other household members in the Family Self-Sufficiency (FSS) program?		
5. Are you or anyone in the household subject to registration as a sex offender in any state?		
6. Do you or any household member(s) receive a scholarship or grant for higher education? Name of Institution, Phone #, & Address		
7. Do you or any household member have a need for reasonable accommodation?		
8. Is any household member eligible to receive an allowance for being disabled?		

STUDENT STATUS		Please list all family members who are attending school part time or full-time for elementary, high school and vocational school.		
• OFFICIAL SCHOOL TRANSCRIPTS WILL BE REQUIRED FOR ALL COLLEGE STUDENTS				
Student Name	Part time or Full time Student?	School Name and Address		Financial Aid Amount
1.				
2.				

SEPARATED/DIVORCED				Please list spouse or ex-spouse information	
Spouse/Ex-spouse Full Name		Last Known Address		Divorced? Yes or No	Year Separated
1.					

VEHICLES BEING USED BY YOUR HOUSEHOLD				Yes or No
Do you or any member of your household have a vehicle(s) registered to him/her?				
Do you or any member of your household have use of any vehicle(s) that is not registered to him/her?				
Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	
Please answer each question below. If you answer "Yes" please complete all information as requested.				
SECTION II - HOUSEHOLD INCOME INFORMATION:				
A. SSI/PENSION/OTHER BENEFITS				Yes or No
Do you or any household member(s) receive Social Security/SSI benefits?				
Do you or any household member(s) receive Pension, VA, Retirement, or Annuity benefits other than SS/SSI?				
Do you or any household member(s) receive Disability benefits other than SS/SSI?				
Household Member Receiving Benefit	Monthly Gross Pay	Type of Benefit		
B. EMPLOYMENT				Yes or No
Do you or any household member(s) receive Full/Part-time job earnings? If yes, Hire Date?				
Do you or any household member(s) receive Unemployment or severance pay?				
Do you or any household member(s) receive Cash, Tips, or Bonuses?				
Do you or any household member(s) receive Military or Reserve Pay?				
Are you or any household member(s) Self-employed?				
Did you or any other household member experience an increase in earned income?				
Are you or any other household members receiving an Earned Income Disallowance (EID)?				
Household Member Receiving Income	Monthly Gross Pay	Average Weekly Hours	Name and Address of Employer/Agency	
C. PUBLIC ASSISTANCE BENEFITS**				Yes or No
Do you or any household member(s) receive TANF, Food Stamps, or other Public Assistance?				
Are you currently a participant of the VIEW program?				
Do you or any household member(s) receive Adoption, Foster Care or General Relief Payments?				
Do you or any household member(s) receive In-home Supportive Services to care for another person?				
Do you or any household member(s) receive Transportation reimbursement?				
Household Member Receiving Benefits	Monthly Amount	Type of Benefit		
D. CHILD SUPPORT OR ALIMONY BENEFITS				Yes or No
Do you or any household member(s) have a court order for Child Support or Alimony?				
List Child Support/Alimony Case(s) Numbers: _____, _____, _____				
Do you or any household member(s) receive Child Support/Alimony directly from absent parent/spouse?				
Does the absent parent purchase items for children such as clothing, food, formula, diapers, etc.?				
Name of Child	Absent Parent/Spouse Name and Address	Monthly Amount	Cash Value of Purchases	
E. CONTRIBUTIONS				Yes or No
Does anyone outside your household give you money or pay your bill(s)/expenses(s) for you regularly?				
Does anyone outside your household buy you supplies such as groceries, etc. regularly?				
Did any organization help you pay a bill or expense regularly?				
If you answered yes, please explain:				
G. FEDERAL INCOME TAX				YES/NO
Did you or any household member(s) file a federal income tax return in the last 12 months?				
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT to file a tax return?				
Were you or any household member(s) claimed as a dependent on someone else's taxes?				
Name of Household Member	TAX YEAR	Reason Taxes not filed		Name of Person claiming family member as dependent

SECTION III – ASSETS



A. ACCOUNT INFORMATION				Yes or No
Do you or any household member(s) have any cash on hand? (Include amount of all cash not held in financial institute.)				
Do you or any household member(s) have a savings, checking account, debit accounts?				
Do you or any household member(s) have stocks, bonds, money market, trust fund, or certificate of deposit?				
Do you or any household member(s) have a whole life insurance policy?				
Do you or any household member(s) have a retirement, 401K, federal thrift savings plan, IRA, or Keogh account?				
Household Member with Account	Company/Bank Name	Type of Account	Account or Policy Number	

Have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value in the last 2 years?	
Name of Household Member	Asset Sold/Dispose

B. PROPERTY				Yes or No
Does anyone in your household own or have an interest in commercial or residential real estate or mobile home?				
Name of Household Member with Property				Value

C. LUMP SUM INCOME						Yes or No
Did you or any member of your household receive a large sum of money from any source within the last 12 months?						
Name of Household Member	Amount Received	Date Received	Location of Funds	Current Balance	Funds Used For	

SECTION IV – EXPENSES

A. CHILDCARE/DISABILITY EXPENSES				Yes or No
Do you or any member of your household pay childcare for a child 12 and under for you to go to work or to school?				
Does any member of your household pay for care/equipment for a household member with a disability for you to go to work?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of Child or Disabled Member	Monthly Amount Paid	Childcare providers name and address		Name of Agency Paying

B. ELDERLY/DISABLED FAMILIES ONLY – MEDICAL EXPENSES				Yes or No and Amount
Do you or any member of your household anticipate having out of pocket medical expenses in the next 12 months?				
Do you or any member of your household pay any medical insurance premiums?				
Are you or any family member an illegal abuser or addicted to a controlled substance?				
Comments:				

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> • List the MONTHLY average amount ALL household members pay for each of the following. • If the expense does not apply to you write NO or NONE. Do not leave any spaces blank 					
Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$

TOTAL MONTHLY EXPENSES

\$

SECTION V – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer "YES" please fill out information below for that family member(s).

A. HOUSEHOLD INFORMATION		YES/NO
1. Is there a family member(s): with a disability that started a new job or got a raise in the last 12 months?		
If yes, please explain:		
2. Are you or anyone in your household currently or ever been on parole or probation?		



3. Have you or anyone in your household ever been cited, arrested, charged or convicted of **ANY** crime (misdemeanor and felony) other than traffic violations? If yes, list in detail, regardless of date of offense:

SECTION VI – CERTIFICATION OF THE FAMILY

I/We hereby certify under penalty of perjury that all the information contained in this document is true and correct. I understand that ALL changes in the income of ANY member of the household must be reported to your Manager/Caseworker with the Portsmouth Redevelopment and Housing Authority within 10 days of occurrence. Also the Housing Authority MUST APPROVE ANY additional household members. The head of household must request in writing to add or to remove any member. Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.

I/We have received, read and understood a copy of the attached Statement of Family Responsibilities and the flyer "Applying for HUD Housing Assistance? Think about this....Is Fraud Worth It? I/We hereby certify that I/we understand my/our responsibilities to the Portsmouth Redevelopment and Housing Authority and I/we further acknowledge that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

I/We hereby certify that the above referenced statement have been explained and/or translated to me by a reliable source and/or by my housing specialist.

Received Above Statements in: ENGLISH _____, SPANISH _____, Other (specify) _____

WARNING Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

Signature of Other Adult in the Household Date Signature of Other Adult in the Household Date

Signature of Other Adult in the Household Date Signature of Other Adult in the Household Date

****If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family****

Name	Relationship to Family	Date
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Please read, sign and date the Authorization for Release of Information on the next page.



SECTION VII - AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to 24 C.F.R. parts 750 and 760, I being at least 18 years of age, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the PORTSMOUTH REDEVELOPMENT AND HOUSING AUTHORITY, P. O. BOX 1098, PORTSMOUTH, VIRGINIA 23705-1098, any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs.

The information needed may include verification or inquiries regarding my personal identity, my employment and income, criminal history, assets, allowance or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; State Wage Information Collection Agency (SWICA); educational institutions; past or present employers; Social Security Administration; Internal Revenue Service; HUD Office of Inspector General; Department of Justice; welfare and food stamp agencies; Worker's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Housing Authority Representative	Date		

