

Arbor Pointe

Address: _____

Date: _____

Time: _____

Phone#: _____

Personal Declaration

This form must be complete **in your own handwriting**. You must use the correct legal name for each member of your household as it appears on their Social Security Card. **Please Print. All adult members** of the household must sign the back of this form, certifying the information pertaining to them.

1. Household Composition (List all persons who are living in your home, with head of household first, other adults, then children. If you need additional room, please print information on blank paper and attach. **H/H = Head of household.**)

(Legal Name as it appears on Social Security Card)	Relationship to H/H	Social Security # (SSN) and Date of Birth (DOB)	Disabled Yes/No	If student, name of school	Name and address of minor's absent parent/s
	H/H	SSN: _____ DOB: _____			
		SSN: _____ DOB: _____			Name: _____ Address: _____
		SSN: _____ DOB: _____			Name: _____ Address: _____
		SSN: _____ DOB: _____			Name: _____ Address: _____
		SSN: _____ DOB: _____			Name: _____ Address: _____
		SSN: _____ DOB: _____			Name: _____ Address: _____
		SSN: _____ DOB: _____			Name: _____ Address: _____

2. Program Integrity Information

Circle Yes or No

1. What states have you and other members of your household resided in? _____

2. Do you expect anyone to move in or out of your household?.....Yes / No

3. Does anyone else live with you now who is not listed in the household composition section of this form?.....Yes / No

4. Is any member of your household over the age of 18 attending school?.....Yes / No

5. Has any member of your household ever used a social security number other than the one listed above?.....Yes / No
If yes, what is it? _____

6. Have you or has anyone in your household ever been convicted of the manufacture or production of methamphetamines (speed) on the premises of public or assisted housing? **If yes, who?** _____ Yes / No
When? _____ What? _____

7. Have you ever been arrested or convicted of a crime other than a traffic violation? **If yes, what?** _____ Yes / No

8. Are any household members required to register as a sex offender or lifetime sex offender?Yes / No
If yes, who? _____

3. Your Current Monthly Expenditures

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Auto Payment \$	Cable \$	Credit Card \$
Gas \$	Auto Insurance \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Other \$

Do any household members have any other regular monthly payments besides those above?.....Yes / No
If yes, specify _____

Is anyone outside your household paying any of these bills? If yes, Amount \$ _____ Yes / No

4. Assets – (If yes to any of the following, please list below and bring required documents.

1. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home?Yes / No

2. Have you sold any real estate in the last 2 years? **If yes, details** _____ Yes / No

3. Do you own any stocks, bonds, treasury bills, certificates or deposit or money market funds? **If yes, bring current statement(s)**Yes / No

4. Are there any retirement or pension funds that are available to you? **If yes, company name and address:**.....Yes / No

5. Are there any trust funds available to your household? **If yes, trust fund name and address:**.....Yes / No

6. Does anyone in your household have a checking account? **If yes, bring in 3 current bank statements.**Yes / No

7. Does anyone in your household have a savings account? **If yes, bring in 3 current bank statements.**.....Yes / No

8. Have you or any member of your household sold, disposed of, or otherwise transferred any assets within the past 2 years?.....Yes / No
If yes, details _____

9. Does anyone in your household have a whole life insurance policy? **If yes, Policy #** _____ Yes / No
Insurance Company name & address _____

Turn over and complete back of form

5. Total Household Income: List all money earned or received by everyone living in your household.

Source of Income	Income	Name of Family Member (s)
Employer: Address:	Rate of Pay: _____ Number of hours worked per week: _____	
Employer: Address:	Rate of Pay: _____ Number of hours worked per week: _____	
TANF	\$	
Child Support for _____	\$	
Child Support for _____	\$	
Spousal Support	\$	
Pension, Retirement, Annuity, Etc.	\$	
Unemployment	\$	
Social Security	\$	
Social Security	\$	
SSI (Social Security Supplemental Income)	\$	
SSD (Social Security Disability)	\$	
Disability Payments – (Not received through Social Security Administration)	\$	
Self-Employment	\$	
Scholarships/Financial Aid	\$	
Cash Contributions from someone outside of your household	\$	
Military Pay	\$	
Food Stamps	\$	
Other	\$	

Earned Income of Minor(s)

Name:	Source:	\$
Name	Source:	\$

6. Allowable Expenses – Child Care

Child Care Provider's Name: _____	Phone #: _____
Complete Mailing Address _____	
Street Address	City
State	Zip Code
Amount paid by your household per week \$ _____	Number of children child care is provided for: _____

Elderly or Disabled Only – Medical and/or Handicap Expenses – Refer to attached Medical Form.

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I certify that the information given to the Columbus Housing Authority (CHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statement or information are punishable under Federal law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to CHA all changes in family composition, income, assets, and expenses of any family member(s) within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of CHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance. I further acknowledge the following warning:

WARNING: Title 18, Section 1001 of the U. S. 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 U. S. or the Department of Housing and Urban Development.

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Co-Tenant: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____