Housing Choice Voucher Programs Department- Interim

PERSONAL DECLARATION TO COMPLETE A HOUSING CHOICE VOUCHER APPLICATION

This form must be completed in order for CGI to process and certify your Housing Choice Voucher application. You must use the correct and current legal name for each member of your household as it appears on the Social Security Card. All adult household members (18 years or older) must sign this form certifying that the information pertaining to them is true and complete to the best of their knowledge.

Name: _____ Telephone (Home): _____

Address: _____ Telephone (Work): _____

Street

_____ _____ _____

City State Zip Code

1. **HOUSEHOLD COMPOSITION:** (Persons that will live with you on a full time basis).

***** Son / Daughter / Grandchild / etc. ****** Married / Single / Separated / Divorced / Widowed

******* Race / Ethnicity Codes: 1 - White 2 - Black 3 - American Indian 4 - Hispanic 5 -Asian-Pacific Islander

	Name	Date of Birth	Social Security Number	Relationship To Head*	Gender M / F	Marital Status**	Race Code***
1	Example: John Doe	01-02-1989	123-45-6789	Head	M	Single	1
2		- -	- -				
3		- -	- -				
4		- -	- -				
5		- -	- -				
6		- -	- -				
7		- -	- -				
8		- -	- -				
9		- -	- -				
10		- -	- -				
11		- -	- -				
12		- -	- -				

2. TOTAL HOUSEHOLD INCOME: Please answer yes or no for the following questions by clicking on the appropriate box.

Does any adult in your household receive any wages from a federal, state, or local employment training program?

☐ **Yes** ☐ **No** If yes, list the household member _____ Amount: _____ per _____ (week/month/year)

Please list training program: _____

Does any adult in the household receive any of the following sources of income?

☐ **Yes** ☐ **No** Wages from Employment (This includes any income earned by any family member 18 years or older). Please list all wage earners and their employers:

Name: _____ Employer: _____ Wages / Week: _____

Name: _____ Employer: _____ Wages / Week: _____

Name: _____ Employer: _____ Wages / Week: _____

☐ **Yes** ☐ **No** Alimony and/or child support. If Yes, list amount: _____ weekly _____ monthly

☐ **Yes** ☐ **No** Self-employed (for example: taxi driver, beautician, child care provider, etc.) Occupation: _____

List Income: _____ per week _____ per month _____ per year

☐ **Yes** ☐ **No** Social Security, SSI, or SSDA payments received by adults for all adults or dependants.

Name: _____ Monthly Benefit Amount: _____

Name: _____ Monthly Benefit Amount: _____

Name: _____ Monthly Benefit Amount: _____

☐ **Yes** ☐ **No** Unemployment, disability compensation, workers compensation, and/or severance pay:

Source: _____ Amount: _____ per _____ (week/month/year)

☐ **Yes** ☐ **No** Welfare Assistance (TANF), annuities, dividends, interest from insurance policies, retirement benefits, pensions, disability or death benefits, and other similar types of periodic income. If yes, please list.

Source: _____ Amount: _____ per _____. (week/month/year)

Source: _____ Amount: _____ per _____. (week/month/year)

Source: _____ Amount: _____ per _____. (week/month/year)

☐ **Yes** ☐ **No** Do you or any family member have any other income such as regular gifts or money, payment of utilities, or other daily essentials by someone other than the persons listed in your household? If yes, list provider and amount.

☐ Yes ☐ No Source: _____ Amount: _____ per _____ (week/month/year)

Did you or any adult in your household file a state or federal income tax return within the last 12 months? If yes, for what tax year? _____

3. HOUSEHOLD ASSETS **Please answer yes or no for the following questions by clicking on the appropriate box.**

Do you or any adult members of your household have any of the following assets?

☐ **Yes** ☐ **No** Checking Account Bank: _____ Account Number: _____ Amount: _____

☐ **Yes** ☐ **No** Savings Account Bank: _____ Account Number: _____ Amount: _____

☐ **Yes** ☐ **No** Certificates of Deposit or Money Market Account Bank: _____

Account Number: _____ Amount: _____

☐ **Yes** ☐ **No** Trust Account Name: _____ Amount: _____

☐ **Yes** ☐ **No** Stocks, bonds, or other forms of income generating investments. If yes, list below:

_____

☐ **Yes** ☐ **No** Real property (house, land, commercial real estate, rental property, etc.) If yes, list below:

_____

☐ **Yes** ☐ **No** Have you or any adult member in your household received any lump sum payments such as inheritances, capital gains, lottery winnings, insurance or other types of settlements, or other lump sum receipt not listed? If yes, please list below.

Type / Source _____ Amount: _____

☐ **Yes** ☐ **No** Have you or any adult member in your household disposed of any real estate within the past 2 years of this certification? (This includes any asset given or sold to a family member, person, or organization? If yes, please list below.

List type of asset sold or transferred _____ Amount received: _____

4. HOUSEHOLD ALLOWANCES / DEDUCTIONS

Please answer yes or no for the following questions by clicking on the appropriate box.

Medical Expenses:

☐ **Yes** ☐ **No** Are you elderly (62 years or older), handicapped, or disabled?

☐ **Yes** ☐ **No** Do you anticipate medical/prescription drug expenses that will not be covered by insurance for the next 12 months? If yes, list to whom they will be owed and estimate the amount not covered by insurance.

Name: _____ Address: _____ Amount: _____

Name: _____ Address: _____ Amount: _____

Name: _____ Address: _____ Amount: _____

☐ **Yes** ☐ **No** Do you pay for additional medical insurance? If yes, list amount per month: _____

Name of insurance company: _____ Policy Number: _____

5. HANDICAP ASSISTANCE EXPENSES

Please answer yes or no for the following questions by clicking on the appropriate box.

There is deduction from annual income for anticipated expenses for a care attendant and/or auxiliary apparatus for a handicapped or disabled family member if such expenses enable a family member (including the handicapped family member) to work. If you qualify for this deduction, please answer the following questions.

Handicap Assistance Questions:

☐ **Yes** ☐ **No** Do you anticipate any expenses in the next 12 months for attendant care and/or special equipment. If yes, continue.

☐ **Yes** ☐ **No** Is this expense reimbursed by an outside source such as insurance, Medicare, or grants? If yes, list amount: _____

☐ **Yes** ☐ **No** Is attendant care paid to a family member living in the household? If yes, the deduction cannot be granted.

6. CHILD CARE EXPENSES Please answer yes or no for the following questions by clicking on the appropriate box.

Amount of current child care expenses: _____ per week _____ per month

Name of child (children) receiving child care:_____

Name and address of provider: _____

☐ **Yes** ☐ **No** Are there any family members 18 years or older attending a vocational school or institution offering a diploma, certificate, or degree? If yes list student's name and school name and address:

Student: _____ School : _____

Student: _____ School: _____

7. CRIMINAL ACTIVITY Please answer **yes** or **no** for the following questions by clicking on the appropriate box.

☐ **Yes** ☐ **No** Have you or anyone in your household been convicted of or pled guilty to any drug related activity or violent criminal activity in the last 18 months? If yes, please give details of your crime:

_____

☐ **Yes** ☐ **No** Are you or any adult member of your family registered as a sexual offender with local law enforcement agencies?

If answer is yes, please provide the name of the family member: _____

8. CERTIFICATION OF INFORMATION

I/we hereby certify and attest that all of the above information given above about myself /ourselves and all members or my/our household is complete, true, and correct to the best of my/our knowledge. I/we understand that any misrepresentation of my/our income, family composition, assets, allowances, income deductions, and criminal activity may be grounds for the denial or termination of CMHA Housing Choice Voucher assistance. I/We also understand that I/we may be subject to civil and/or criminal prosecution for furnishing false information to CGI-CMHA.

_____		_____	
Head of Household	Date	Spouse	Date
_____		_____	
Other Adult	Date	Other Adult	Date
_____		_____	
Other Adult	Date	Other Adult	Date

If you were unable to fill out this form in your own handwriting, please have the person assisting you sign below:

Name_____ Date_____