

Personal Declaration **INTERIM**

(This form is to be completed to report any kind of change)

This form must be completed in your own handwriting. You must use the correct legal name for 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.

PHONE #: _____

HOUSEHOLD COMPOSITION: List all persons who will be living in your home beginning with head of household and other adults first. Children are listed in the second table.

ADULTS (AGE 18 & OVER) – Legal Name	SEX (M or F)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE (Indicate # below)	ETHNICITY 1-Hispanic or Latino 2-Not-Hispanic or Latino
1)				Self		
2)						
3)						
4)						

RACE NUMBERS: 1-White, 2-Black or African American, 3-American Indian or Alaska Native, 4-Asian, 5-Native Hawaiian or Other Pacific Islander, 6-Other

CHILDREN – Legal Name	SEX (M or F)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE (Indicate # below)	ETHNICITY 1-Hispanic or Latino 2-Not-Hispanic or Latino
1)						
2)						
3)						
4)						
5)						
6)						

RACE NUMBERS: 1-White, 2-Black or African American, 3-American Indian or Alaska Native, 4-Asian, 5-Native Hawaiian or Other Pacific Islander, 6-Other

COMMENTS: *(if after completing page 1 & 2, you still need room to write, you may use this section)*

EMPLOYMENT:

List all employed family members:

<u>Name</u>	<u>Employer</u>	<u>Address</u>	<u>Phone Number</u>
1.			
2.			
3.			

OTHER SOURCES OF INCOME: Please check those that apply to you:

- | | | |
|---|--|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Social Security | <input type="checkbox"/> (SSI), Supplemental |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Security Income |
| <input type="checkbox"/> (AND) Disability | <input type="checkbox"/> Alimony | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> PERA, Retirement | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> (OAP) Old Age Pension | <input type="checkbox"/> Other |

Note: if your dependent receives Social Security or SSI, you must report that as well

ASSETS:

- Checking Account # _____ Name of Bank _____
 Address _____
- Savings Account # _____ Name of Bank _____
 Address _____
- Certificates _____ Name of Bank _____
 Address _____
- Stocks/Bonds _____ Value \$ _____

SOURCES OF ALLOWANCE:

Families

Child Care or Day Care If yes, list provider with phone number.

Elderly, Handicapped, and Disabled only

- Medical Insurance Premiums
- Prescription drugs
- Outstanding medical bills (payment plan)
- Continuing medical expenses (regular visits)
- Medicare-Approved Drug Discount Card

APPLICANT/PARTICIPANT CERTIFICATION: I/We certify that all information regarding my family size and income is true and complete to the best of my knowledge and belief. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance, or termination of tenancy.

Signature of adult Date

Signature of adult Date

Signature of adult Date