

# PERSONAL DECLARATION

INTERIM REPORT

Public Housing     Section 8



\*\*\*Please complete the entire form.\*\*\*

Name: \_\_\_\_\_ Last 4 of SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check the statements below that apply to your family.

- Income to the household has **INCREASED**
- Income to the household has **DECREASED**
- New employment
- Lost employment
- Change in childcare expenses
- Started receiving a benefit (TANF, SSI, SS, contribution, unemployment, etc.)
- Stopped receiving a benefit (TANF, SSI, SS, contribution, unemployment, etc.)
- Adding a family member to the household
- Removing a family member from the household
- Other

Please give a brief explanation below of the statements that you checked. Remember to list the names of the family member(s) involved in the change. If you lost a job or have a new job, provide the name, address, phone number, and contact person of the employer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We must verify every change that you make before we can calculate new rent amounts. If we cannot verify a change, then we will continue to use previous information until we receive new documentation.

## List ALL household income below, even if it is not a change.

### TOTAL HOUSEHOLD INCOME

List all money earned or received by everyone living in your household. This includes money from Wages, Self-Employment, Child Support, Retirement Benefits, Social Security, Public Assistance, TANF; Veterans Benefits, Rental Property Income, Stocks, Dividends Income from Bank Accounts Alimony, and oil contributions of cash received from any other source.

Household Member	Employer Name & Address	Gross (before taxes) Weekly Wage	Child Support (Monthly)	TANF (Cash)	Social Security	All Other Income

Does anyone outside your household contribute cash or household items to help with your monthly expenses? If yes, please list who and how much or what they contribute: \_\_\_\_\_

Childcare Expense (if any): \_\_\_\_\_ Childcare Provider: \_\_\_\_\_

Address of Childcare Provider: \_\_\_\_\_

Warning! Title 18, Section E001 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 or the Department of Housing and Urban Development. I/we certify that the information given to the Knox County Housing Authority on information composition, income and net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. We understand that false statements of information are punishable under federal law. 1/We also understand that false statements of information are grounds that could result in termination of housing assistance and termination of tenancy and could also result in repayment of rent.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member of Household

\_\_\_\_\_  
Date