

KIRKSVILLE HOUSING AUTHORITY

PERSONAL DECLARATION

Federal law requires public housing tenants or recipients of rental assistance benefits through the US Department of Housing and Urban Development to report **ALL** sources of income and assets, along with reporting household composition changes (someone moving in or out).

This Personal Declaration form will be used to determine your eligible amount of rent and/or rental assistance. This form will be considered in legal matters regarding reported information.

- **HOUSEHOLD COMPOSITION** List all persons who live or will be living in your household. List Head of Household (H.O.H) first.

Full Legal Name	Relationship to Head of Household	Date of Birth	Birthplace	Social Security Number
	Head of Household			

1. Current Address: _____
2. Is there anyone who has lived in your household in the last 12 months who is not listed above?
Yes _____ No _____ If yes, list: _____
3. Is there anyone who lives in your household on a part-time basis? Yes _____ No _____
If yes, list: _____
4. Is anyone listed above 18 years old or older that is full-time student? Yes _____ No _____
If yes, list: _____
5. A person with a disability or handicap (per HUD definition) may be eligible for a disability deduction.
Do you feel that you may qualify for this deduction? Yes _____ No _____
6. Current phone number and email address: (_____) _____ - _____
_____ @ _____ . _____

- **INCOME REPORTING** Please answer the following questions with either “yes” or “no”. For each “yes” answer, provide details in the chart following.

	YES	NO
1. Is any member of your household employed?		
2. Does any member of your household do odd jobs?		
3. Does any member of your household work for someone who pays him/her in cash? <i>If yes, include employer information in the following table.</i>		
4. TANF Benefits?		
5. Social Security, SSI, SSDI, etc. Benefits?		
6. Child Support?		

	YES	NO
7. General Relief Benefits?		
8. Alimony, Spouse Support, etc.?		
9. Unemployment Benefits?		
10. Food Stamps?		
11. Veteran's Benefits?		
12. Worker's compensation or other disability payments?		
13. Income from a pension, retirement, or annuity?		
14. Money from relatives, friends, etc.?		
15. Income from a business or self-employment?		
16. Interest or income from assets (savings, etc.)?		
17. Income from property, rentals, farm ground, etc.?		
18. Has anyone in the household received payments, or a settlement from an insurance company in the past 12 months, or expect to receive such in the next 12 months?		
19. Does anyone outside your household help pay bills? If so, which bills? _____ How much? _____		
20. Income from any source not listed above?		

LIST ALL INCOME FROM EVERYONE IN THE HOUSEHOLD IN THE CHART BELOW

Household Member	Type/Source of Income	Rate	Annual Amount
		\$ Per	\$
		\$ Per	\$
		\$ Per	\$
		\$ Per	\$
		\$ Per	\$
		\$ Per	\$

21. Enter your anticipated gross income for the next 12 months: \$ _____

22. Enter your total gross income for the last 12 months: \$ _____

23. Did anyone in your household file income tax forms with the Internal Revenue Service for last year?
Yes ____ No ____

24. Does anyone in your household anticipate filing IRS tax forms this year? Yes ____ No ____

- **ASSET REPORTING** Please answer the following questions with either "yes" or "no". For each "yes" answer, provide details in the chart following.

	Yes	No
1. Checking Account(s)		
2. Savings Account(s)		
3. Certificates of Deposit (CDs)		
4. Stocks or Bonds		
5. IRA, Keogh, or Money Market Account(s)		
6. Life Insurance or Annuity with cash value		

LIST ALL ASSETS FOR EVERYONE IN THE HOUSEHOLD IN THE CHART BELOW

Household Member	Bank Name and/or Type of Asset	Account Number	Current Balance or Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

7. Do you or any member of your household own a house, mobile home, or other real estate or property?
Yes _____ No _____
8. Have you or any member of your household sold, assigned, or given away real estate, property, or assets in the past two years?
Yes _____ No _____
9. Do you or any member of your household have any type of asset or personal property of significant value which is not listed above?
Yes _____ No _____
10. List total combined value of ALL assets for all household members: \$ _____

• **EXPENSE REPORTING**

1. Do you pay a childcare/baby-sitting expense, which allows a family member to work or go to school?
Yes _____ No _____
If yes, name: _____
2. Does any individual or agency reimburse or pay for the childcare expense? Yes _____ No _____
If yes, which agency? _____
3. Do you have a telephone? Yes _____ No _____
4. Do you have cable TV? Yes _____ No _____
5. How many automobiles are owned by all household members? _____
Enter amount of monthly auto payments: \$ _____ \$ _____
6. Enter amount of other bank/loan payments: \$ _____
7. Do you have pets? Cats? Yes _____ No _____ How many? _____
Dogs? Yes _____ No _____ How many? _____
Other: _____ How many? _____
8. How much rent per month do YOU pay your landlord? \$ _____
9. Does your landlord ask you to pay for repairs at your rental? Yes _____ No _____
10. Do you pay, or anticipate in the next 12 months, any health and medical care expenses?
Yes _____ No _____
If yes, enter amount of monthly health and medical care expenses: \$ _____

11. Is there anything else you want to tell us or need to report?

TENANT CERTIFICATION Must be read and initialed by **ALL** adult members of household:

1. I/We understand that I am required to report any changes of income to the Public Housing Agency (PHA) immediately.

2. I/We understand that I am required to report any changes of household composition to the PHA immediately. I understand that prior to moving someone in, I must obtain written owner permission and approval from the PHA.

3. I/We understand that prior to moving, I must give the PHA and the landlord a written 30-day (full calendar month) notice of vacating, or request a waiver of the notice requirement.

4. I/We understand that failure to comply with the reporting requirements noted above can result in termination of assistance, required repayment, ineligibility for future assistance, and/or legal action.

5. I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).

SIGNATURES

I/We hereby certify that all information given to the Housing Authority of the City of Kirksville, Missouri, and the U.S. Department of Housing and Urban Development, including household composition, income, assets, and illegal drug and violent criminal activity, is true, accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are considered fraud and grounds for termination of a public housing lease, Section 8/Housing Choice Voucher (HCV) assistance, and/or public housing assistance.

Head of Household

(print name)

Date

Spouse/Adult

(print name)

Date

Adult Member

(print name)

Date