

Personal Declaration Form

HOUSEHOLD COMPOSITION

Legal Name	Date of Birth	Age	Relationship to Head	Social Security #	Employed Circle One Yes/No	Student Circle One Part-Time: Yes/No Full-Time: Yes/No
Head of Household 1)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 2)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 3)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 4)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 5)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No
Other Household Member 6)					Yes/No	Part-Time: Yes/No Full-Time: Yes/No

SOURCE OF INCOME: Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> No Income: YOU WILL NEED TO COMPLETE AN ADDITIONAL ZERO INCOME WORKSHEET | <input type="checkbox"/> SELF EMPLOYMENT |
| <input type="checkbox"/> EMPLOYMENT (Include tips, bonuses, commissions) | <input type="checkbox"/> SOCIAL SECURITY: circle (SSA, SSDI, SSI) |
| <input type="checkbox"/> UNEMPLOYMENT OR WORKERS COMPENSATION | <input type="checkbox"/> ALIMONY/PARTNER SUPPORT |
| <input type="checkbox"/> CHILD SUPPORT (<u>See Child Support Questions Below</u>) | <input type="checkbox"/> VETERAN'S BENEFITS |
| <input type="checkbox"/> PENSIONS OR ANNUITIES | <input type="checkbox"/> RENTAL /REAL ESTATE INCOME |
| <input type="checkbox"/> PUBLIC ASSISTANCE (APTD) OR
AID TO FAMILIES WITH DEPENDENT CHILDREN (TANF) | |
| <input type="checkbox"/> OTHER INCOME SOURCES/TYPES NOT LISTED _____ | |

Provide information for any check income source (On Page 2):

Type of Income	Company Name & Address of Income Source	Gross Amount Received	Frequency of Income: Weekly/Bi-Weekly/Monthly/Etc.	Person receiving income:
		\$		
		\$		
		\$		
		\$		
		\$		

CHILD SUPPORT: COMPLETE ONE SECTION FOR EACH CHILD IN YOUR HOUSEHOLD

Are there children under 18 in your household? Yes - If Yes complete below; No - If No Skip Section

1) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you:** _____

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

2) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you:** _____

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

3) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you: _____**

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

4) Name of child: _____ Are you Receiving Child Support for this child? YES NO

Is there a court order? YES NO If Yes, What amount does the court order state? \$ _____

If No court order- please explain why there is no order: _____

What amount are you actually receiving: \$ _____ Per _____.

****If the amount actually received does not match the court order please explain what steps you have taken to collect the monies due to you: _____**

Is this child support paid directly to you? YES NO

Does your child support payment come from a state agency YES NO. If yes which state _____

MEDICAL EXPENSES: (Medical Expenses Applicable for eligible elderly/disabled households)

Do you have any medical expenses? Yes No

VERIFICATION OF PAID MEDICAL EXPENSES NEED TO BE SUBMITTED IN ORDER TO BE COUNTED.

Please Note: Over-The-Counter expenses you must submit a doctor's note stating all medications.

Please Note: One-year print is needed for any pharmacy/prescription expenses listed.

Type of Expense	Company Name & Address where expense if paid	Amount Paid	Frequency of Payment	Whose Expense is this?
		\$		
		\$		
		\$		
		\$		

CHILD CARE EXPENSES:

(Child Care Expenses Applicable for Family households for children ages 13 and below)

Please Note: Child Care Expense Verification needs to be completed by provider or person(s) to verify payments.

Child Attending	Child Age	Child Care Provider Name, Address & Phone Number	Amount Paid by you per week
			\$
			\$
			\$
			\$

ASSETS (Select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> CHECKING ACCOUNT | <input type="checkbox"/> SAVING ACCOUNT | <input type="checkbox"/> DIRECT EXPRESS CARD |
| <input type="checkbox"/> CD OR MONEY MARKET ACCT | <input type="checkbox"/> STOCKS OR BOND | <input type="checkbox"/> IRA/401K/RETIRMENT ACCT |
| <input type="checkbox"/> WHOLE LIFE INSURANCE | <input type="checkbox"/> ANNUITY ACCT. | <input type="checkbox"/> REAL ESTATE/PROPERTY |
| <input type="checkbox"/> Any other Asset not listed | | |

NO ASSETS: Complete certification: I hereby certify to Zero Assets for all household members:

_____	_____
Head of Household Signature	Date
_____	_____
Other Adult Signature	Date

Provide information below for any above checked asset:

Asset Type	Balance or Value	Bank or Institute Name	Account #	Who holds the account?
	\$			
	\$			
	\$			
	\$			

STUDENT INFORMATION:

Is anyone over 18 in the household a full time student? Yes No Is anyone a part time student? Yes No

Name of Household Member _____ School they attend full time _____

Name of Household Member _____ School they attend full time _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1) Do you anticipate any changes in the household composition over the next 12 months? If YES, please explain: _____ Yes No

2) Have you disposed of any assets within the past two (2) years? If yes, please state value and date disposed of: \$ _____ Date _____ Yes No

3) Have you obtained any assets within the past two (2) years? If yes, please state value and date you obtained it: \$ _____ Date _____ Yes No

4) Does anyone outside of your household pay your bills or give you money? If yes, please explain _____ Yes No

5) Do you receive any regular contributions, monetary or not? (Three times a year or more is regular) If yes, please explain _____ Yes No

6) Have you, or any adult member of your household, ever been arrested or convicted of a drug related crime or participated in a violent crime? If yes, please explain _____ Yes No

7) Are you, or any member of your Household, subject to a lifetime state sex Offender registration program in any state? If yes, which family member: _____ Yes No

CONTACT INFORMATION

Home/Cell Phone Number: _____

Contact Person Phone Number: _____

Email: _____

I do hereby swear and attest that all of the information on this form is true and correct. I understand that a misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance.

*Please note that the information you have provided is subject to verification through computer matching with other federal agencies through HUD's **Enterprise Income Verification (EIV)** process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security

income. After verifications are completed the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058/HUD-50059 (Tenant Data Summary), a computer-generated form.

I also understand that **ALL CHANGES** in income from any family member in my household is required be reported to **Somersworth Housing Authority within 10 business days of the occurrence.**

FRAUD- Withholding information from the Agency OR providing false information to this Agency.

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 and imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction or termination of subsidy proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent- retroactively, if applicable.

Resident Acknowledgements:

By Signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above;
2. That I understand what fraud is;
3. That I understand the penalties for committing fraud

Signature of Head of Household

Date

Signature of Spouse/Co-Head/Other Adult

Date

Signature of Other Adult

Date

Somersworth Housing Authority

Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Applicant/Resident Release and Consent Form

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, the Somersworth Housing Authority will process an initial application and routine re-certifications (for residents) in which I (we) have provided all of the information that the U.S. Department of Housing and Urban Development (HUD) requires in determining both initial and, if a resident, ongoing housing assistance eligibility.

I (we) understand that the Somersworth Housing Authority may seek authorized information from the following, but not limited to, listed entities as they apply to the household (herein defined as the undersigned and any other listed household members) to meet HUD requirements and determine eligibility under HUD regulations/guidelines. Somersworth Housing Authority utilizes **Enterprise Income Verification Systems** and other computer matching programs to verify information relating to applicants and residents

- **Income Verification/Assets Verification**

Employment – Unemployment Benefits – Disability Benefits-Social Security Benefits
Bank Accounts; Investment Accts; Stocks; Bonds; Real Estate
Life Insurance (cash value only)
Child Support/Spousal/Partner Payments (Alimony)

- **Criminal History Record/Police Reports**

I/we authorize the release of my criminal record as well as any law enforcement reports involving myself &/or my residence & guests at my residence including but not limited to criminal arrests & convictions, documented complaints involving alcohol/illegal substance consumption, domestic violence/disputes, noise/nuisance complaints, & other violations of the law.

- **Division of Health and Human Services, local Welfare Agencies**

- **Health care providers/Medical Expenses/Medical Info if requesting Special Accommodations**

- **Landlords/Shelter/Transitional Housing/Public Housing Authority Agencies**

- **Childcare Providers**

- **SAVE – for non-citizen applicants**

By signing this consent form, I (we) certify that ALL the information provided as part of the application process and upon any recertification of housing assistance is true and accurate to the best of my (our) knowledge.

I (we) authorize the Somersworth Housing Authority to obtain all required information from any of the above sources regarding the undersigned or any member of the household.

I (we) understand that the Somersworth Housing Authority will keep all information on all household members in the highest confidence and only divulge this information where required by HUD and by law.

_____/_____
Signature of Head of Household / Print Name

Date

_____/_____
Spouse Signature / Print Name

Date

_____/_____
Other Household Member over 18/ Print name

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



Somersworth Housing Authority



Central Office: 25A Bartlett Ave, Somersworth, N.H. 03878

Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Under \$5,000 Asset Certification

Tenant: _____ Unit #: _____

Complete 1 or 2:

1. I/We do not have any assets at this time
(Note: Direct Express or other prepaid cards DO count as an asset).
2. I/We do have assets as follows:
 - For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlements costs, outstanding loans, early withdrawal penalties, etc.
 - List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment.
 - Do not list necessary personal property such as clothing, furniture, televisions, etc.
 - Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

Cash on Hand:	\$ _____	Interest/Dividend Income: _____
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Average 6 month balance Checking Account	\$ _____	Interest/Dividend Income: _____
Current Saving Account balance	\$ _____	Interest/Dividend Income: _____
401K/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (Whole ONLY)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate		Rental Income: _____
Lump Sum Amounts	\$ _____	i.e. lottery/inheritance/lawsuit/etc
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
TOTAL:	\$ _____	TOTAL: _____

The net household assets above are less than \$5,000 YES NO

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance and eviction.

Signature of Head of Household

Date

Signature of Other Adult Member

Date

