

Rochester Housing Authority
77 Olde Farm Lane
Rochester, NH 03867
603-332-4126
Personal Declaration

Name: _____

Present Street Address: _____

City: _____

State: _____

Zip: _____

Mailing Address(if different then present address): _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Part A:

Information about Members of the Household

1. List all persons, adults and children, who will be living in the home. Begin with the head of household.

Include live-in aides, all other adults and all children. Each box must be completed for each member.

Guests that stay more than 20 days in a year are considered in violation of the guest policy. You must get landlord and RHA approval before allowing them to stay. Violation of this policy can result in termination of your assistance.

Family Member Name	Relation to head	Disabled? Y/N	Date of Birth	Social security #
1	HEAD			
2				
3				
4				
5				
6				
7				
8				

Please answer the following questions about all members of the household, including live-in aides:

1. Does anyone in your household receive child support payments? ☐ Yes ☐ No
If yes, how much do they actually receive \$ _____ **per week or month** (please circle frequency)
If you are receiving multiple support payments please list the names of the children and the amount received: _____

2. Does anyone share custody of any of the children listed (other than an adult who lives in the home)?
Yes ☐ **No** If yes, who? _____

3. Is there anyone listed on your previous paperwork who is temporarily absent from the home?
☐ **Yes** ☐ **No** If yes, who? _____

4. Do you expect anyone to move in or out of your household within the next twelve months? Note guest policy above and follow the required steps to add someone to the household.
Yes ☐ **No** If yes, who? _____

5. Does anyone outside of your household pay for any of your bills or expenses?
Yes ☐ **No** If yes, for what and how often: _____

6. Are any adult household members (over 18 years of age) full-time or part-time college students?
☐ **Yes** ☐ **No** If no, skip to question 7. If yes, name of student: _____
Name of College: _____ If yes, are they a veteran? ☐ **Yes** ☐ **No**
If yes, are they over 24? ☐ **Yes** ☐ **No**
If yes, do they have dependents? ☐ **Yes** ☐ **No**
7. Have you or anyone in your household ever participated in, been arrested for or convicted of a drug related crime?
(Drug related criminal activity is defined as the illegal possession, manufacture, sale, distribution or use of a drug or possession of a drug with the intent to manufacture, distribute or use the drug).
☐ **Yes** ☐ **No** If yes, which family member, when and where? _____

8. Have you or anyone in your household ever engaged in a violent criminal act, or been arrested for or convicted of participation in a violent crime? *(Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage including but not limited to murder, manslaughter, assault, sexual offenses committed against children under 18, rape, burglary, robbery, arson and kidnapping).*
☐ **Yes** ☐ **No** If yes, which family member, when and where? _____

9. Are any members of your household subject to the registration requirement under the state sex offender registration law either for lifetime registration or for a lesser time?
☐ **Yes** ☐ **No** If yes, which family member? _____

Warning: Title 18, Section 1001 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 and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Additional space:

Part B:

Information about the Assets of all Members of the Family

Definition of an asset: an asset is something of value that can be converted to cash.

For every type of asset listed in this section, please send in copies of statements for yourself and anyone that lives with you (except live-in aides.) This means you have to send in copies of bank statements, statements showing current value of CDs, IRAs, trusts, annuities, stocks/bonds or any other interest-bearing account. Also, please send in a copy of the current face value and cash value of all life insurance policies except for term insurance. ***The copies must be of statements dated within the last 60 days.***

1. Have you given away or sold any assets such as mobile home, real estate, house, stocks or bonds, savings accounts, checking accounts, or certificates of deposit within the past two (2) years?
☐ **Yes** ☐ **No** If yes, value? _____ Date given/sold: _____
What did you do with the asset listed above or the money you received for it? _____

2. Do you or any family member, including anyone under 18 years of age, have any of the following? Include all accounts and any joint accounts. Please list in the boxes below.

Send in copies of bank statements dated within the last 60 days for each one listed.

Savings account? ☐ Yes ☐ No Checking account?..... ☐ Yes ☐ No
 Certificate of Deposit?..... ☐ Yes ☐ No Money market? ☐ Yes ☐ No
 Direct Express Account..... ☐ Yes ☐ No if yes need two months' worth of statements

Current Accounts

Family Member Name	Type of account (Savings, Checking, CD, or Money Market)	Bank Name	Account Number	Balance

If you need additional space, please use the space at the bottom of the page.

3. Do you or any family member own or have access to any of the following? If yes, please list in the boxes below. Provide copies of statements or copies of bonds. Any copies must be of statements dated within 60 days of this request for each one listed.

Stocks? ☐ Yes ☐ No Bonds?..... ☐ Yes ☐ No
 Real property (land)?..... ☐ Yes ☐ No Trust funds? ☐ Yes ☐ No
 Pensions or annuities?..... ☐ Yes ☐ No IRA? ☐ Yes ☐ No
 Inheritances?..... ☐ Yes ☐ No Life insurance policy? ☐ Yes ☐ No
 Is the life insurance policy a term policy or a whole life policy?
 Any other type of capital investment?..... ☐ Yes ☐ No

Family Member Name	Type of Asset	Account Number	Value

If you need additional space, please use the space on the bottom of the page.

4. If no one in your household has a Savings Account, Checking Account, CD or Money Market, please have the head of household sign this certification attesting to that fact.

Zero Asset Certification:

Our household has no assets, including but not limited to Savings Accounts, Checking Accounts, CDs, Money Markets, Stocks, Bonds, Property, Pensions, Trust funds, IRAs, or Life Insurance Policies:

 Signature of Head of Household, if applicable

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 Additional Space:

For every type of income listed in this section for yourself and anyone that lives with you (except live-in aides) please send in copies of 8 weeks of pay stubs, unemployment check stubs, disability payment or worker's compensation. Also, send in a Social Security benefit award letter and **if you do not have one dated within the last 60 days**, please call 1-800-772-1213 to request one. **If child support is court ordered and collected/enforced by NH Division of Child Support Services call 1-800-852-3345 ext. 4427 and request a 12 month printout of child support payments.** Send in copies of Veteran's Benefits award letters, statements of self-employment earnings, printouts of benefits received through Department of Health and Human Services for TANF, APTD, FAP, or OAA, or statements regarding regular payments from retirement accounts or trust funds. You can request proof of your DHHS benefits on-line.

******The copies mentioned above must be of statements dated within the last 60 days.******

1. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Provide copies of statements dated within the last 60 days for each source listed.

Wages, salaries, tips, fees or commissions from an employer? (Full or part time).....	<input type="checkbox"/> Yes	No
Social Security or Social Security disability?.....	Yes	No
Aid to the permanently and Totally Disabled (APTD) payments?.....	Yes	No
Disability benefits?.....	Yes	No
TANF payments?.....	Yes	No
Food Stamps?	Yes	No
Child support payments? You must declare amounts in boxes on question 2.	Yes	No
<i>Note: In boxes in question 2 you must provide the amount paid by the parent of each child in your household if the parent is not living in your household.</i>		
Unemployment compensation?	Yes	No
Worker's compensation?	Yes	No
Money from self-employment, including Mary Kay, EBay, Avon, etc.?	Yes	No
Income from the operation of a business or profession?	Yes	No
Regular gifts from anyone?.....	Yes	No
Income from pensions?.....	Yes	No
Income from annuities?	Yes	No
Periodic payments from insurance policies?	Yes	No
Periodic payments from retirement funds?.....	Yes	No
Periodic payments from death benefits?.....	Yes	No
Interest, dividends or other income from real or personal property?	Yes	No
Old Age Assistance (OAA) payments?.....	Yes	No
Aid to the Needy Blind (ANB)?.....	Yes	No
Alimony payments?.....	Yes	No
Regular contributions from an organization? Name of organization _____	Yes	No
Regular or special military pay?.....	Yes	No

2. List the sources and amounts of all income (money) expected for the next 12 months for all family members (including yourself) from any and all sources identified in question 1 above. Remember to send in copies of statements dated within the last 60 days for all income listed.

Family Member Name List all family members who receive income	Name and address of employer or list income source (Such as TANF, Social Security or Child Support.)	Amount \$	Frequency		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

Zero Income Certification:

Please have all household members over the age of 18 who have no income, sign and certify below. Any misrepresentation of information can result in termination of benefits.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

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Additional Space:

For any expenses listed in this section, please send copies of statements dated within 60 days or receipts that verify that you paid someone to care for your child or disabled adult so you could work or further your education.

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No

Child's Name	Child Care Provider			Amount Monthly
	Name	Address	Phone Number	

If you need additional space, please use the space on the bottom of the page.

- 2. Is any portion of these child care expenses reimbursed from an outside agency or person?**
Yes No If yes, how much is reimbursed per month? \$ _____
 Please provide copies of **statements dated within the last 60 days or receipts** showing amount you paid.
- 3. Do you pay a care attendant to provide care for a disabled family member in your household so that an adult family member can work? (Could be the person with disabilities)**
Yes No If yes, what is the anticipated monthly cost?..... \$ _____
 Please provide documentation (can be a monthly statement you receive) with the contact information for the care attendant or agency used so that a deduction can be determined for this expense.
- 4. Are you paying for any type of equipment for a disabled family member in your household that enables an adult household member to work? (Could be the person with disabilities.)**
Yes No If yes, what is the anticipated monthly cost?..... \$ _____

Additional Space:

Only complete these questions if the head or spouse is 62 years or older or if head or spouse is disabled. Otherwise, skip to Part F.

For every type of expense listed in this part, please send in copies of statements for yourself and anyone that lives with you. Send in a 12 month pharmacy printouts, health insurance premium bills, and Medicare Part D premium letters. Also provide a printout from doctors and hospitals showing charges you still owe. **Any statements must be dated within 60 days of this request and must show amounts you have paid.**

3. Are you, or any member of the family, currently paying for any of the following on a monthly basis?

- | | | | |
|---|------------|-----------|---|
| Prescriptions? | Yes | No | |
| Medical insurance premiums? | Yes | No | |
| Long term care insurance? | Yes | No | |
| Past due medical bills? | Yes | No | (That you are currently making payments on) |
| Other anticipated medical expenses? | Yes | No | |

2. Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months, which are listed in question 1. You must send in copies of statements dated within last 60 days reflecting the payments that you have made.

Family Member Name	Type of Expense	List name of pharmacy, insurance company, hospital, doctor, etc.	Monthly Amount

3. Have you enrolled in a Medicare Prescription drug plan (Medicare Part D)?

Yes No

If yes, are you required to pay a Medicare part D prescription premium? **Yes No**
 If yes, provide us with a copy of the card issued by your provider. Amount?\$_____

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Additional Space:

Part F:	Certification
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I do hereby certify that:

- All of the information I have provided on this declaration is true and complete.
- All the information provided for everyone who lives with me, regarding family income, family assets, items for allowances and deductions, as well as criminal activity, is accurate and complete.

I understand that:

- I am required to notify the housing authority in writing within 10 business days if there is any change of income, expenses or household composition, including birth, adoption or court-awarded custody. An interim change form can be requested from my Housing Officer by calling 603-332-4126, by picking one up at the Rochester Housing Authority Main Office Monday – Friday 8:00 am – 4:00 pm or I can write a letter or send an e-mail.
- If you or anyone in your family is a persons with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact your housing officer at 603-332-4126.
- I cannot permit anyone to move into my unit without prior approval of the housing authority and my landlord. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.
- I am required to notify the housing authority in writing within 10 business days if any member of the family moves out of the unit.
- Any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is guilty of a crime under Federal and State law.
- Any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program and may be grounds for termination of assistance.
- The income information provided is subject to verification through computer matching with other federal agencies through HUD’s Enterprise Verification (EIV) process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security income.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of any other adult over 18 years of age

Date

Signature of any other adult over 18 years of age

Date

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Rochester Housing Authority
77 Olde Farm Lane
Rochester, NH 03867
Phone 603-332-4126 Fax 603-330-0039
HCV@rhanh.org

APPLICANT/RESIDENT RELEASE AND CONSENT FORM

PURPOSE: In signing this consent form, you are authorizing Rochester Housing Authority to request information from the sources listed below. Rochester Housing Authority needs this information or other information, in order to ensure you are eligible for assisted housing benefits and these benefits are set at the correct level. Rochester Housing Authority may participate in computer matching programs with these sources in order to verify your eligibility.

SOURCES OF INFORMATION TO BE OBTAINED: The groups or individuals that may be asked to release the authorized information include but are not limited to:

Past and Present Employers
Veterans Administrations
State Unemployment Agencies
Previous Landlords (including
Public Housing Agencies)

Support and Alimony Providers
Schools and Colleges
Medical & Childcare Providers
Law enforcement Agencies
Friends & or Family

Welfare Agencies
Courts and Post Offices
Social Service Agencies
Retirement Systems
Banks and other
Financial Institutions

I/We understand Rochester Housing Authority is required to protect the information it obtains in accordance with any applicable State privacy law. Rochester Housing Authority will maintain all information on the family in strict confidence and divulge this information when required by HUD and by law.

This consent form expires 15 months from the date of signature.

SIGNATURES

Head of Household

Date

Household Member 18 or older

Date

Household Member 18 or older

Date

Household Member 18 or older

Date

