

Rochester Housing Authority  
 77 Olde Farm Lane  
 Rochester, NH 03867  
 (603) 332-4126

**Section 8 Housing Choice Voucher Personal Declaration**

Name: \_\_\_\_\_  
 Present Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different than present address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Part A: Information about Members of the Household**

1. List all people, 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 #

**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** (Check one)  
 If yes, what is the amount that they receive \$\_\_\_\_\_ per **Week Month**(Check One) If  
 you are receiving multiple support payments, please list the names of the children and the amount received:

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2. Does anyone share custody of any children listed (other than an adult who lives in the home)?  
**Yes No** (Circle one) If yes, who? \_\_\_\_\_
3. Is there anyone listed on your previous paperwork who is temporarily absent from the home?  
**Yes No** (Circle one) 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** (Circle one) If yes, who? \_\_\_\_\_
5. Does anyone outside of your household pay for any of your bills or expenses?  
**Yes No** (Circle one) 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** (Check one) If no, skip to question 7. If yes, name of student: \_\_\_\_\_  
**Name of College:** \_\_\_\_\_ If yes, are they a veteran? **Yes No** (Check one)  
 If yes, are they over 24? **Yes No**(Check one)  
 If yes, do they have dependents? **Yes No**(Check one)
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** (Check one) 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 participating in a violent crime? *(Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened 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 8, rape, burglary, robbery, arson and kidnapping).*  
**Yes No** (Check one) 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** (Check one) 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.**

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Additional Space:

\_\_\_\_\_

\_\_\_\_\_

**Part B: Information about the Asset 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 copies of statements for yourself and anyone that lives with you (except live-in aides.) This means you must send in copies of banks statements, statements showing the current value of CD's, IRA's, 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** (Check one) If yes, value? \_\_\_\_\_ Date given/sold \_\_\_\_\_  
 What did you do with the asset listed above or the money you received for it? \_\_\_\_\_  
 \_\_\_\_\_



**Rochester Housing Authority**  
 77 Olde' Farm Lane  
 Rochester, NH 03867  
 Phone: (603) 332-4126 ~ Fax: (603) 332-0039

**UNDER \$50,000 ASSET CERTIFICATION**

For households whose combined net assets do not exceed \$50,000.  
 For households whose combined net assets exceed \$50,000, please fill out page 3 of the Recertification Packet.  
 (Complete only one form per household; include assets of minors)

Head of Household Name: \_\_\_\_\_

Head of Household Address: \_\_\_\_\_

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	Cash Value		Cash Value
Source:		Source:	
Savings Account(s)	\$ _____	Checking Account(s)	\$ _____
Certificate of Deposit(s)	\$ _____	Money Market(s)	\$ _____
Stocks	\$ _____	Bonds	\$ _____
Peer to Peer Cash(CashApp Venmo, Paypal etc.)	\$ _____	Trust Funds	\$ _____
Real Estate	\$ _____	Land	\$ _____
Capital Investments	\$ _____	Life Insurance (Exclude Term)	\$ _____
Bitcoin/Cryptocurrency	\$ _____	GoFundMe/Crowdsourcing	\$ _____
Direct Express	\$ _____	Pre-Paid Debit Cards	\$ _____
Personal Property (Held as Investment)	\$ _____	Explanation: _____	
Other (list):	\$ _____	Explanation: _____	

(Check either box 2 or box 3 below, not both)

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below Fair Market Value (FMV.) Those amounts equal a total of: \$ \_\_\_\_\_ (enter the difference between FMV and the amount you received.)

3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than Fair Market Value during the past two (2) years.

4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in Section 1 above).

Head of Household Signature	Date	Other Adult 18 years or Older Signature	Date
Co-Head/Spouse Signature	Date	Other Adult 18 years or Older Signature	Date

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The signee(s) further understand(s) that providing false representations herein constitutes the act of fraud. False, misleading, or incomplete information may result in the termination of my/our rental assistance.



**Executive Director – Stacey Price**  
[www.rhanh.org](http://www.rhanh.org)



**Part C: Information about the Income of Members of the Family**

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 603-271-4427 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.

(Check one)

- Wages, salaries, tips, fees, or commissions from an employer? (Full or part time) ..... Yes No
- Social Security or Social Security Disability?..... Yes No
- Aide to the Permanently and Totally Disabled (APTD) payments? ..... Yes No
- Disability Benefits? ..... Yes No
- TANF payments? ..... Yes No
- Child Support payments? **You must declare amounts in boxes on question 2.** ..... Y Yes No

**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.

- 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? **How much** \_\_\_\_\_ **How often? Week/Month Please circle** ..... Yes No

**From whom?** \_\_\_\_\_

- 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? ..... Yes No

**Name of organization:** \_\_\_\_\_

- 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 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 of 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 (Circle one)		
			Week	Month	Year
			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:

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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 printout, health insurance premium bills, and Medicare Part D premium letters. Also provide a printout from doctors and hospitals showing charges you still owe. Any statement must be dated within 60 days of this request and must show the amounts you have paid.

- 1. Are you, or any member of the family, currently paying for any of the following on a monthly basis?
Prescriptions? Yes N (Check one)
Medical Insurance Premiums? Yes No(Check one)
Long Term Care Insurance? Yes N (Check one)
Past Due Medical Bills? Yes No (Check one) That you are currently making payments on
Other anticipated health and medical care expenses? Yes No (Checkone)
2. Please list the type and amounts of the health and medical care expenses for all family members that you anticipate paying over the next 12 months, which are listed in question 1. You must send copies of statements dated within 60 days reflecting the payments you have made.

Table with 4 columns: 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 (Checkone)
If yes, are you required to pay a Medicare Part D prescription premium? Yes No(Check one)
If yes, provide us with a copy of the card issued by your provider. Amount? \$\_\_\_\_\_

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Additional Space:

Four horizontal lines for additional space.

**I do hereby certify that:**

- All 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 are any changes in 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-Thursday 8am-4:30pm and Friday 8am-12pm, or I can write a letter or send an e-mail to [hcv@rhanh.org](mailto:hcv@rhanh.org).
- If you or anyone in your family is a person with disabilities, and you require specific accommodation 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 to 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 participating 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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Phone 603-332-4126 Fax 603-330-0039  
HCV@rhanh.org

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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	Support and Alimony Providers	Welfare Agencies
Veterans Administrations	Schools and Colleges	Courts and Post Offices
State Unemployment Agencies	Medical & Childcare Providers	Social Service Agencies
Previous Landlords (including Public Housing Agencies)	Law enforcement Agencies	Retirement Systems
	Friends & or Family	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