



PROJECT

CHATTANOOGA HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM

BASED PROGRAM DOCUMENT CHECKLIST

***Please Provide Copies for Us to Keep!**

All household members 18 yrs of age & older must sign documents where indicated. Also, for all other income & assets not mentioned below – you will need to submit for review.

| | | |
|--|--|--|
| | Photo ID | Any household member 18 years of age & older. |
| | Birth Certificate | All household members (add our Citizenship form for each member). |
| | Social Security Cards | All household members. |
| | Custody of Children | Court documents If no court documents – handwritten\dated\signed\notarized letter from parent allowing the child to live with you. |
| | Employed | All employed household members – last 6 weeks' paystubs New Employment – letter from employer; include hours worked, pay rate, frequency of pay (ex. weekly, bi-weekly, semi-monthly, etc....) |
| | Tanf \ Food Stamps | Benefit letter from Dept. of Human Services on each case |
| | Social Security \ SSI | All household members receiving – award letter showing current benefits and <u>proof of disability</u> (if applicable) |
| | Child Support | All open case #'s –Last 6 month's printout payment printout. Non-court ordered – statement from non-custodial provider on how much provided and how often. If no case or support, provide statement from Juvenile Court stating that there is no case on file. |
| | Unemployment | All household members receiving – benefit letter from Dept of Labor |
| | Pension \ Retirement | All household members receiving – benefit letter showing current pay amounts. |
| | Family Contribution | All donations made to your households by church, organization, family member, friends, etc. Provide handwritten\dated\signed letter from contributor stating how much is provided and how often, address and phone number. |
| | Veteran's Pay | All household members receiving – benefit letter showing current pay amounts |
| | Full-time Student | Any household member 18 years of age & older – School records showing enrollment and credit hours & Financial aid\loans records, tuition costs. |
| | Bank Accounts \ 401K \ Other Assets | All household members with an account – 3 current statements (1 for 401K) showing how much is in that account & <u>interest rate</u> . |
| | Life Insurance | All household members with a policy – policy letter showing policy #, date policy began, & <u>cash value\maturity table</u> (if applicable). |
| | Child Care Deductions; If Employed or Student | All children under 13 years of age - handwritten\ typed\dated\signed letter from provider stating how much you pay them and how often. Statement should include contact Information of provider. |
| | Medical Deductions | If Head of Household\Spouse is 62 years of age or older or disabled - provide last 12 months' pharmacy printout(s), medical visits that have been paid for out of pocket. NO BILLS WILL BE ACCEPTED ! |



Chattanooga Housing Authority Housing Choice/ Project Based Voucher Program

**PERSONAL DECLARATION QUESTIONNAIRE: ANSWER ALL QUESTIONS; PLEASE PRINT.
THIS FORM MUST BE SIGNED BY ALL ADULTS. USE BLUE OR BLACK INK.**

HEAD OF HOUSEHOLD NAME _____

HOME ADDRESS _____ **CITY** _____ **ZIP** _____

EMAIL ADDRESS _____ **CAN WE CONTACT YOU BY EMAIL** _____ **YES** _____ **NO** _____

PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

ETHNICITY: **HISPANIC** **NON-HISPANIC** **RACE:** _____ **DISABLED:** **YES or NO** **VETERAN:** **YES or NO**

1.) STATEMENT OF FAMILY COMPOSITION: List all persons living in your unit. List your name first.

| MEMBER'S FULL NAME - As Shown on Social Security Card | | DATE OF BIRTH | AGE | SOCIAL SECURITY NUMBER | SEX | RELATION TO HEAD |
|--|--|--------------------------|------------|---------------------------------------|------------|-----------------------------|
| 1 | | | | | | Head of House |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

2.) Head of Household Marital Status (check one) Single (never married) Married Separated Widowed Divorced

3.) Has anyone in your household been charged, arrested, or convicted for anything other than a minor traffic violation? Yes No
If yes, was it after your admission to Section 8? Yes No Date of arrest _____

PROVIDE INFORMATION ABOUT CHARGES:

| NAME & DATE of ARREST | ARREST/CHARGE | COUNTY, CITY, STATE | VERDICT/DISPOSITION |
|----------------------------------|----------------------|----------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Head of Household sign: _____ **Date** _____ (pg.1)

INCOME INFORMATION

WORKING: Is anyone currently working or on a leave of absence from employer (including temp agencies)? Yes No (List all below)

1a) Name of Person Working _____ Employer _____ Hire Date _____

Address of Employer _____ City _____ State _____ ZipCode _____

Hourly pay \$ _____ Weekly hrs _____ Weekly/Bi-weekly/2xMonthly Seasonal Yes No Ph: _____ Fx: _____

1b) Name of Person Working _____ Employer _____ Hire Date _____

Address of Employer _____ City _____ State _____ ZipCode _____

Hourly pay \$ _____ Weekly hrs _____ Weekly/Bi-weekly/2xMonthly Seasonal Yes No Ph: _____ Fx: _____

1c) Name of Person Working _____ Employer _____ Hire Date _____

Address of Employer _____ City _____ State _____ ZipCode _____

Hourly pay \$ _____ Weekly hrs _____ Weekly/Bi-weekly/2xMonthly Seasonal Yes No Ph: _____ Fx: _____

2.) Have you reported any changes in the last 30 days? Yes No Explain _____

| OTHER TYPE OF INCOME | AMOUNT AND HOW OFTEN RECEIVED | PERSON RECEIVING INCOME |
|--|---|-------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Families First (TANF) | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Food Stamps | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employed income | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No SSI | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No VA Benefits | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Contributions (family) | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| Name & phone # of person who contributes money or pays bills: _____ | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Retirement/ Pensions | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other Income (not listed above such as Worker's Compensation, Military Pay, etc.) | \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week | |
| Explain Other Income: _____ | | |

CHILD SUPPORT: Yes No (Add case information whether receiving or not)

| PERSON PAYING CHILD SUPPORT | CASE NUMBER | STATE | COURT ORDERED/ NON-COURT ORDERED | AMOUNT (Per week/month) |
|-----------------------------|-------------|-------|----------------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Head of Household sign: _____ Date _____ (pg.2)

EXPENSES

1.) Do you pay child care expenses or after school care? Yes No If Yes, how much do you pay \$_____

How often do you pay? monthly 2 times a month every 2 weeks weekly

| NAME OF CAREGIVER | ADDRESS | PHONE # | CHILD'S NAME |
|-------------------|---------|---------|--------------|
| | | | |
| | | | |

2.) Does DHS help pay this expense? Yes No If Yes, how much per week? \$_____

3.) Is anyone in your household 18 or older a full time student? Yes No If yes, who? _____

If yes, list name of school/college and address_____

Please provide a current financial aid statement and a current class schedule.

4.) Is anyone in your household Disabled or Elderly (age 62 or older)? Yes No If yes, who? _____

4a.) If yes, provide a print-out (last 12 months) from your doctor/pharmacy showing your out-of-pocket expenses

Do you pay for medical insurance? Yes No If yes, monthly premium \$_____ Insurance Company_____

5.) If you or a member of your household is a person with a disability, do you or they require a reasonable accommodation in order to have equal access to the program. Yes No If Yes explain_____

5a.) Do you require a Live-in-aide 24 hours a day? Yes No _____

ASSETS

1.) Does anyone in the household, including children, have any of the following assets (bank accounts, etc.)? Yes No

| NAME OF BANK OR CREDIT UNION & ACC'T # | TYPE OF ACCOUNT | CURRENT BALANCE | INT. RATE | WHOSE ACCOUNT? |
|--|-----------------|-----------------|-----------|----------------|
| | | | | |
| | | | | |
| | | | | |

1a.) Have you closed any bank accounts in the last 12 months? Yes No -Bank & Acct #_____

2.) **PLEASE ANSWER YES OR NO IF YOU HAVE ANY OF THESE ASSETS. DO NOT LEAVE ANY BLANKS**

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No House/Land Value: \$_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Certificates of Deposit Value: \$_____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Trusts Value: \$_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Stocks/Bonds Value: \$_____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Whole Life Insurance 1. Company _____ Pol# _____ Cash Value \$_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No 401K Value: \$_____ |
| 2. Company _____ Pol# _____ Cash Value \$_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Money Market Accounts Value: \$_____ |
| 3. Company _____ Pol# _____ Cash Value \$_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Settlement Value: \$_____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No Lump Sum Payment Value: \$_____ |

3.) Have you sold any assets (such as house, land, etc.) during the past two years for less than appraised or market value?

Yes No - If Yes, explain_____

Appraisal/market value of asset \$_____ Sale Price of asset \$_____ Explain difference _____

Head of Household sign: _____ Date _____ (pg.3)

I understand that it is my responsibility to inform the Section 8 office in writing of any changes in my address, family size, or housing situation. All family members age 18 and over should review the information listed on this form and must sign.

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

Information inquiries about:

Child Care Expenses
Citizenship
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Debts owed to Public Housing Agencies and Terminations

Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History
Need for a Reasonable Accommodation

Individuals or Organizations that may release information:

Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, past and present
Landlords
Pensions / Annuities
Schools and Colleges
Utility Companies
Welfare Agencies

Providers of:
Alimony
Child Care
Credit
Handicapped Assistance
Medical Care
U.S. Social Security Administration
U.S. Department of Veterans Affairs
U.S. Department of Immigration and Naturalization
U.S. Department of Housing and Urban Development

I/We agree that photocopies of this authorization may be used for the purpose stated above. This form will be valid for 15 months.

I/We certify that the information provided to Chattanooga Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein. I/We understand that false statements or information are punishable under Tennessee Code Annotated 39-3-945 and Section 1001 of Title 18 of the U.S. Code which provides penalties up to \$10,000 or imprisonment up to five (5) years or both. I/we also understand that giving false statements or information can be grounds for me/us being charged retroactive rent and/or termination of housing assistance.

Tennessee Law states “Any person who makes a false statement in writing, knowing it is false, for the purpose of obtaining or maintaining occupancy or for a reduction in rent or rent subsidy shall be guilty of a Felony”.

HEAD OF HOUSEHOLD SIGNATURE

SPOUSE/ OTHER ADULT SIGNATURE

DATE

DATE

OTHER ADULT SIGNATURE

OTHER ADULT SIGNATURE

DATE

DATE

CHA INTERVIEWER

DATE