



PERSONAL DECLARATION

This Form **MUST** be completely filled out personally by the head of the household. You must use the correct legal name for each member of your household as it appears on their Social Security Card. All adult members 18 and older must initial and date all of the pages certifying that the information is correct. Incomplete forms will be rejected and returned. Failure to provide true and complete information shall be grounds for denial and/or termination. False or misleading information shall be grounds for denial and/or termination. You may obtain assistance to complete this form.

DO NOT LEAVE ANY PART BLANK, WRITE "NO" or "NA" (Not Applicable)

Head of Household

Last Name	First Name	Middle Initial
Street Address		Home Phone
City, State, Zip		Cell Phone

Section 1 - Household Composition

FAMILY HOUSEHOLD COMPOSITION							
List ALL people living in your home. Head of Household first, then spouse/co-head, then oldest to youngest family members.							
Full Name as it appears on Social Security Card	Age	Date of Birth mm/dd/yyyy	Male or Female	Relationship to Head of Household	Social Security Number	Race	Ethnicity
1.				self			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

RACE: White = 1, Black = 2, American Indian/Alaska Native = 3, Asian = 4, Native Hawaiian/Pacific Islander = 5.
ETHNICITY: Hispanic = 1, Non-Hispanic = 2

SEPARATED/DIVORCED List your spouse or ex-spouse information		
Spouse/Ex-Spouse Full Name	Last Known Address	Phone
1.		
2.		

Check marital status: Married _____ Separated _____ Never Married _____
 Widowed _____ Divorced _____

OTHER PARENT INFORMATION List children's names and the absent parent's information			
Child's Name	Absent Parent Name	Last Known Address	Phone

STUDENT STATUS List all family members who are attending elementary school, high school, vocational school or college. Official school transcripts will be required for college students.					
Student Name	Name of School	Location of School	Grade level	Full Time	Part Time

HOUSEHOLD INFORMATION Answer each question. If YES, explain below the question.	YES/NO
1. Is any household member(s) temporarily absent from the subsidized unit?	
2. Do you expect anyone to leave your unit or to move in?	
3. Has any household member(s) been out of the unit for more than 30 consecutive days in the past 12 months?	
4. Is anyone subject to registration as a sex offender? If yes, list that household member's name.	
5. Does anyone NOT listed as a household member receive mail at your unit or claim it as their residence on ANY legal document (such as driver's license, vehicle registration, school, government aid, tax forms, police reports, etc)? Explain:	

Initial _____ Date _____

Section 2 - Household Income

You MUST disclose all sources of income for all people in your household.

List all jobs held now and those held within the last 12 months by all members of the household 18 yrs and older. This includes self-employment and/or "cash" jobs.			
Member's Name:	Employer Address & Phone Number		Start & End Dates
Name of Employer:	Hours/Week	Pay/Hour	Pay Schedule
Member's Name	Employer Address & Phone Number		Start & End Dates
Name of Employer:	Hours/Week	Pay/Hour	Pay Schedule
Member's Name	Employer Address & Phone Number		Start & End Dates
Name of Employer:	Hours/Week	Pay/Hour	Pay Schedule
Member's Name	Employer Address & Phone Number		Start & End Dates
Name of Employer:	Hours/Week	Pay/Hour	Pay Schedule
Member's Name	Employer Address & Phone Number		Start & End Dates
Name of Employer:	Hours/Week	Pay/Hour	Pay Schedule
ALL OTHER HOUSEHOLD INCOME of all members of household including children. This includes Short and Long term disability, benefits from the Veteran's Administration (VA), Social Security or SSI payments, Retirement, Pension, Public Aid, DCFS, IDES (unemployment), Township, Alimony, Self Employment, military pay and all other sources not mentioned.			
NAME	SOURCE of INCOME	AMOUNT	HOW OFTEN

**CHILD SUPPORT,
VOLUNTARY CONTRIBUTIONS**

Do you or ANY other household member have an open child support case with a court? If YES, list name of child(ren) and the name of the person paying the support:	YES/NO
What is the court ordered monthly amount?	\$
What is the amount you actually receive?	\$
Does anyone outside your household give you money, pay your bills, buy groceries, diapers, formula, or in any other way help you pay for household items or debts? If YES, describe the following in detail, the person's or organization's name, what they pay for, and how much the cash value of the contributions is:	YES/NO

**FEDERAL INCOME
TAX RETURN**

Did you or any household member file a federal income tax return in the last 12 months? If YES, list name of person(s) and type of income:	YES/NO
Did you or any household member receive a W2 and/or a 1099 form but did NOT file a return? If YES, explain why a return was not filed:	YES/NO

Section 3 - Household Assets
You MUST disclose all assets for all people in your household

ACCOUNT INFORMATION DISCLOSURE

If you answer YES to any of the following questions, fill out the information for the member with that asset

Do you or any household member(s) have a checking or savings account, stocks, bonds, money market, trust fund, 401K, or any other asset?			YES/NO
Name of member	Bank/Source Name	Type of Account	Face Value
Name of household member	Bank/Source Name	Type of Account	Face Value
Name of household member	Bank/Source Name	Type of Account	Face Value
Name of household member	Bank/Source Name	Type of Account	Face Value

PROPERTY INFORMATION DISCLOSURE

Do you or does anyone in your household own or have an interest in commercial or residential real estate or a mobile home? Explain:	YES/NO
Have you or anyone in your household sold any real estate in the last two years? Explain:	YES/NO

Initial _____ Date _____

Section 4 - Household Expenses

CHILD CARE EXPENSES		
Do you have child care costs for a child who is 12 or younger?		YES/NO
Do you have to pay for a caregiver for a household member with disabilities in order to work?		YES/NO
Name of child or disabled member	Monthly Child Care Cost	Provider's Name or Agency Name
	\$	
	\$	
	\$	
	\$	
MEDICAL EXPENSES		
Do you or any household member have Medicare, VA Health Benefits, or other Health Insurance?		YES/NO
Do you or any household member anticipate having out of pocket medical expenses in the next 12 months?		YES/NO

Section 5 - Supplemental Information

ANSWER EACH QUESTION BELOW Provide details for YES answers	
Have you or anyone in your household ever been arrested for, convicted of, OR involved in ANY crime? If YES, provide details- include name(s), date(s) and crime(s):	YES/NO
Have you or anyone in your household ever used any other name or Social Security number other than your current one?	YES/NO
Have you or anyone in your household ever lived in any other assisted housing elsewhere? Where and When?	YES/NO
Have you or anyone in your household ever been evicted from assisted housing? Where and When?	YES/NO
Have you or anyone in your household ever committed FRAUD while receiving federally assisted housing? Or been required to REPAY money for misrepresenting income? Where and When?	YES/NO
Do you or does anyone in your household own or lease a car? If YES, list model and year of car and license plate: Second car:	YES/NO

Initial _____ Date _____

Section 6 - Certification

I/We hereby certify under penalty of perjury that all of the information contained in this document is true and correct. I understand that:

1. ANY and ALL household changes in income MUST be reported in writing, within ten days
2. I MUST get the approval of the Housing Authority before permitting anyone to move into my assisted unit
3. I MUST report in writing the birth or adoption of a minor child
4. I MUST report in writing when someone leaves the assisted unit
5. I MUST report in writing when a household member has been involved in any criminal activity, which may affect program rules and/or policies.

I understand that failure to comply with the rules and regulations may result in the termination of rental assistance, termination of tenancy and criminal prosecution.

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.

I hereby certify that this document has been fully explained to me by staff or, it has been translated to me by a reliable source.

Signature of Head of Household Date

Spouse/Co-Head Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

If anyone outside your household helped you to complete this form, provide their name and their relationship to you below.

Name Relationship to Household Date

Would anyone in your family benefit from having a light-emitting smoke detector in his or her bedroom due to a hearing impairment? Yes _____ No _____