

PERSONAL DECLARATION

INSTRUCTIONS:

YOU MUST COMPLETE THIS FORM AND HAVE IT WITH YOU AT YOUR APPOINTMENT. (Please Print or Type). THIS FORM MUST BE SIGNED BY ALL ADULTS 18 YEARS OF AGE OR OLDER.

(Failure to complete this form will result in delays in processing your application and/or termination of your public housing assistance.) The information you give regarding household composition, income, family assets and deductions must be accurate and complete, to the best of your knowledge and belief.

APPLICANT FAMILY/UNIT: (Please Print)

APPLICANT NAME _____ PHONE NUMBER _____ EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

Person to call in case of emergencies (not a household member):

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____
RELATIONSHIP: _____

A. HOUSEHOLD ADULT MEMBERS (List children in Part B)

List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1. _____
Last Name First Name Social Security Number

Birth Place/ City, State Date of Birth Driver's License Number
Check all that apply: Male Female

Single Married Divorced Separated
 Widow/er Student Disabled Handicapped
 Employed Unemployed Self employed Retired
Number of years completed in school _____

Relation to Head of Household
SELF

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____

Other adult:

_____ Last Name First Name Social Security Number

Birth Place/ City, State Date of Birth Driver's License Number
Check all that apply: Male Female

Single Married Divorced Separated
 Widow/er Student Disabled Handicapped
 Employed Unemployed Self employed Retired
Number of years completed in school _____

Relation to Head of Household

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____

OFFICIAL USE ONLY

Program Assistant: _____

- 1.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled
 - Divorce/Separation Certificate

- 2.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled
 - Divorce/Separation Certificate

Initials of Applicant

B. CHILDREN IN HOUSEHOLD: List all children who stay with you.

1.

Last Name	First Name	MI
Date of Birth	Social Security Number	
Birthplace City/State	Grade In School	

Relation to Head of Household

Custody

OFFICIAL USE ONLY

- 1.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled

2.

Last Name	First Name	MI
Date of Birth	Social Security Number	
Birthplace City/State	Grade In School	

Relation to Head of Household

Custody

- 2.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled

3.

Last Name	First Name	MI
Date of Birth	Social Security Number	
Birthplace City/State	Grade In School	

Relation to Head of Household

Custody

- 3.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled

4.

Last Name	First Name	MI
Date of Birth	Social Security Number	
Birthplace City/State	Grade In School	

Relation to Head of Household

Custody

- 4.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled

5.

Last Name	First Name	MI
Date of Birth	Social Security Number	
Birthplace City/State	Grade In School	

Relation to Head of Household

Custody

- 5.
- SSA Card on File
 - ID/Birth Certificate on file
 - Review Personal Status
 - Aged/Disabled

C. FOSTER CHILDREN

Is anyone living in your home a foster child?
If yes, list complete name for foster child.

- Documentation of foster care status for each child
- Foster Care License Applicant Yes No

D. Are there any children 7 years and under who have an elevated blood level of lead? Yes No

E. Are you or anyone in your household a smoker? Yes No

F. Have you or any other adult member ever used any name(s) or social security number(s) other than the one you have listed?
 Yes No If yes, please explain:

Initials of Applicant

G. Do you have any of the following:

Power of Attorney: Yes _____ No _____

Guardian: Yes _____ No _____

If Yes: Name: _____

If Yes: Name: _____

Phone Number: _____

Phone Number: _____

Address: _____

Address: _____

Payee: Yes _____ No _____

Other: Yes _____ No _____

If Yes: Name: _____

If Yes: Name: _____

Phone Number: _____

Phone Number: _____

Address: _____

Address: _____

H. Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Yes _____ No _____

Do you receive: Social Security _____, SSI _____, VA Disability _____, SS Disability _____, Other _____.

Name and Location of Professional to Verify Disability:

I. Do you have a live-in aide? Yes No If yes, complete the Live In Aide Request:

Live-In Aide Name: _____ Social Security Number: _____

Do you pay for this service yourself? Yes No

If No, Please explain: _____

J. HOUSEHOLD EXPENSES— (Zero Income Families)

My family is not at Zero Income

If you are receiving income, do not complete the chart

EXPENSE	AMOUNT PAID MONTHLY	EXPENSE	AMOUNT PAID MONTHLY
Rent		Car Payments	
Utility—Gas		Car Insurance	
Utility—Electric		Gas For Car	
Utility-W/S/Trash		Other Transp.	
Food		Paper Products	
Cellular Phone		Clothing	
Phone		Cigarettes/Cigars	
Cable		Entertainment	
Internet		Medical	
Credit Cards		Other	
Grooming Product		Other	

Initials of Applicant

K. WORKING: Is anyone currently working or has seasonal employment?

Yes No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name Gross Wages Per Hour Hours Per Week

Employer's Name Address Phone Number

Do you ever receive any of the following:

Over time Yes No Tips Yes No
Bonus Yes No Commission Yes No

OFFICIAL USE ONLY

Pay stubs on file
 Employers report on file
 W/2

Earnings Exempt:
 Yes No

Name Gross Wages Per Hour Hours Per Week

Employer's Name Address Phone Number

Do you ever receive any of the following:

Over time Yes No Tips Yes No
Bonus Yes No Commission Yes No

Pay stubs on file
 Employers report on file
 W/2

Earnings Exempt:
 Yes No

Name Gross Wages Per Hour Hours Per Week

Employer's Name Address Phone Number

Do you ever receive any of the following:

Over time Yes No Tips Yes No
Bonus Yes No Commission Yes No

Pay stubs on file
 Employers report on file
 W/2

Earnings Exempt:
 Yes No

Name Gross Wages Per Hour Hours Per Week

Employer's Name Address Phone Number

Do you ever receive any of the following:

Over time Yes No Tips Yes No
Bonus Yes No Commission Yes No

Pay stubs on file
 Employers report on file
 W/2

Earnings Exempt:
 Yes No

L. Does anyone receive any income from any source, including someone outside your household paying for any of your bills or giving you any money? Yes No If yes, please explain:

Name: _____ Rent: \$ _____ Natural Gas: \$ _____ Electricity: \$ _____
Address: _____ Water: \$ _____ Car Insurance: \$ _____ Phone: \$ _____
Cable: \$ _____ Health Insurance: \$ _____ Internet: \$ _____
Phone Number: _____ Other: \$ _____

Name: _____ Rent: \$ _____ Natural Gas: \$ _____ Electricity: \$ _____
Address: _____ Water: \$ _____ Car Insurance: \$ _____ Phone: \$ _____
Cable: \$ _____ Health Insurance: \$ _____ Internet: \$ _____
Phone Number: _____ Other: \$ _____

Initials of Applicant

M. Income: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Who</i>	<i>Amount</i>
Training	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Work Study	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ADC	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Food Stamp/Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AABD	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Short/Long Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Workers Compensations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Court Awarded Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Un-Awarded Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Court Awarded Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Un-Awarded Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SSDI	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pension / Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rental Property Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

N. Does anyone have the use of any vehicle, such as a car, truck, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle registered and/or not registered in a household members name? Yes No

Type	License #	State	Year	Make and Model	Registered To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Initials of Applicant

O. Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes, who and what amount.

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Financial Institution</i>	<i>Balance</i>	<i>Interest Rate</i>
Cash	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Checking Account (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Savings Account (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Notes, Mortgages, or Deeds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Safe Deposit Box Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

P. Does anyone own or is buying real estate such as land and/or buildings, mobile home, etc., anywhere? Yes No If yes, complete the following:

Type _____	Address _____	Estimated value _____
Type _____	Address _____	Estimated value _____

<input type="checkbox"/> Third Party Verification
Market Value \$ _____
Amount Owed \$ _____
Income \$ _____

Q. Have you or any household member sold or given away any business or assets in the last 2 years for less than its value? Yes No If yes, please explain below:

R. Do you employ the service of a Care Provider for a child 12 years or under or for a disabled person? Yes No If yes, complete the following:

Care Provider's Name _____	Day Care Provider's Address _____	Phone Number _____
\$ _____	\$ _____	
Amount Paid Weekly/Monthly	Family Fee	

Initials of Applicant

V. CRIMINAL HISTORY:

Has any household member been charged or ticketed with and/or engaged in:
If yes, please explain who, when, and description of violation.

Type	Yes	No	Who	When	Description
Drug Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Alcohol Related Incidents	<input type="checkbox"/>	<input type="checkbox"/>			
Assault	<input type="checkbox"/>	<input type="checkbox"/>			
Rape	<input type="checkbox"/>	<input type="checkbox"/>			
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>			
Disturbing the Peace	<input type="checkbox"/>	<input type="checkbox"/>			
Burglary	<input type="checkbox"/>	<input type="checkbox"/>			
Theft	<input type="checkbox"/>	<input type="checkbox"/>			
Theft of Services	<input type="checkbox"/>	<input type="checkbox"/>			
Robbery	<input type="checkbox"/>	<input type="checkbox"/>			
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>			
Arson	<input type="checkbox"/>	<input type="checkbox"/>			
Illegal Use of a Firearm/Weapon	<input type="checkbox"/>	<input type="checkbox"/>			
Abusive or Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>			
Child neglect/abuse	<input type="checkbox"/>	<input type="checkbox"/>			
Been Released from Jail or Prison	<input type="checkbox"/>	<input type="checkbox"/>			
Is a Registered Sex Offender	<input type="checkbox"/>	<input type="checkbox"/>			
Fraudulent Activities	<input type="checkbox"/>	<input type="checkbox"/>			
Or any other Unlawful Activity?	<input type="checkbox"/>	<input type="checkbox"/>			

W. General Information:

HUD requires that we obtain the following information for each family member. For Dependents, please list first name after the "D". If a member is bi-racial, we ask that you indicate all races: Please use the guide to the right and indicate which numbers apply.

	<u>Race</u>	<u>Ethnicity</u>	<u>Race:</u>
Head of Household	___ ___ ___	___	1 - White
Spouse/Other Adult	___ ___ ___	___	2 - Black
D - _____	___ ___ ___	___	3 - American Indian or Alaskan
D - _____	___ ___ ___	___	4 - Asian
D - _____	___ ___ ___	___	5 - Hawaiian/Pacific Islander
D - _____	___ ___ ___	___	6 - Mixed: If mixed, please list all races.
			<u>Ethnicity:</u> Please mark A or B.
			A - Hispanic
			B - Non-Hispanic

Head of Household and/or Spouse: Please check one:
 Non-Elderly 62 Years or Older Person with a Disability.

Initials of Applicant

Federal Privacy Act Notice

Family income and other information is being collected by the Department of Housing and Urban Development (HUD)/USDA to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's interest; and to verify the accuracy of the information furnished. HUD will conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed, or released outside of HUD, except as permitted by law.

CERTIFIED STATEMENT

- You must provide all the information requested by the Kearney Housing Agency, including all social security cards of all other household members. Giving the social security cards is mandatory, and not providing the social security cards will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.
- The information requested on this form will be used to provide the basis for managing the program, for protecting the United States and the Kearney Housing Agency's financial interest and for verifying the accuracy of the information furnished. It may be released to appropriate federal, state, and local agencies when relevant to civil, criminal or regulatory investigators or prosecutors. Failure to provide any information may result in a delay or rejection of eligibility approval, or subsequent determination that the initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P. L. 97-35, 85 Statute, 348,408.
- Authority information collection: The following laws authorize the collection of this information by HUD or the Kearney Housing Agency; the U.S. Housing Act of 1937 (42 U.S.C., 147 et seq.), Title VI of the Civil Rights Act of 1968. The Housing Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security cards for all household members.
- The applicant certifies that the following information was either provided and/or reviewed at the Initial Interview and Annual Re-certification appointment:
 - “Things You Should Know”
 - “Landlord Tenant Law”
 - “State of Nebraska Equal Opportunity Commission (NEOC) Notice”
 - “HUD Housing Discrimination Complaint Form”
- The applicant was also informed the Housing Agency will verify Credit Bureau Reports, Criminal and Drug History, and past landlord reports. Upon leasing and annual re-certifications in any Kearney Housing Agency Program, the income and wage information is transmitted electronically to federal agencies and cross matching will be completed.

I (we) do hereby swear and attest that all of the information above about me (us) is true and correct. I (we) also understand that **all changes** for any member of the household, as well as any changes in the household members **must be reported** to the Kearney Housing Agency in **writing immediately**.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD)/USDA places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- **Evicted from your apartment or house**
- **Required to repay all overpaid rental assistance you received**
- **Fined up to \$10,000**
- **Imprisoned for up to (5) years; and/or**
- **Prohibited from receiving future assistance**

(Signature of Head of Household)

(Date)

(Signature of Spouse or Other Adult)

(Date)

(Signature of Spouse or Other Adult)

(Date)

(Signature of PHA Representative)

(Date)



Equal Opportunity Provider

Kearney Housing Agency does not discriminate on the basis of disability, race, color, religion, sex, familial status, national origin, or gender identity or sexual orientation; in the admission or access to or treatment or employment in, its federally assisted programs and activities.

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.

The services of a Spanish speaking interpreter are provided to all applicants and residents, with no cost to the applicant or resident.

