

- NEW APPLICANT
- INTERIM
- ANNUAL RE-EXAM

LEBANON HOUSING AUTHORITY  
*Personal Declaration Form*

DATE: \_\_\_\_\_

<b>PROGRAM NAME:</b> <input type="checkbox"/> <b>PUBLIC HOUSING</b> <input type="checkbox"/> <b>SECTION 8</b>	<b>GENDER:</b> _____
<b>HEAD OF HOUSEHOLD (HOH) NAME:</b> _____	<b>MARITAL STATUS:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
	<b>PHONE:</b> _____

<b>SPOUSE/CO-HEAD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

<b>HOUSEHOLD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

<b>HOUSEHOLD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

<b>HOUSEHOLD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

<b>HOUSEHOLD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

<b>HOUSEHOLD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

<b>HOUSEHOLD MEMBER NAME:</b> _____	<b>GENDER:</b> _____
<b>SSN:</b> _____	<b>BIRTHDATE:</b> _____
<b>RELATIONSHIP TO HOH:</b> _____	<b>MARITAL STATUS:</b> _____

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**INCOME INFORMATION**

	YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed. (List nature of self employment).  _____	(use <u>net</u> ) income from business)  \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <u>Name of Employer</u> 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard, Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic Social Security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, TAFDC, APTD, OAA, ANB)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal support payments and/or child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1. _____ 2. _____	\$ _____ \$ _____

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**ASSET INFORMATION**

	Y	N		CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s): 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s):	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use net earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust (s)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate. If yes, provide description: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/brokerages/agent name(s): 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank/brokerage/agent name(s): 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____ List company names: 1: _____ 2: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.	\$ _____

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<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.  If yes, list items and date disposed:  1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below:  1. _____ 2. _____	\$ _____ \$ _____

**ALLOWANCES**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Dependents</u></b></p> Do any of your household members meet any of the following: <b>(If YES to any of the criteria below, place a number, which represents the number of household members, which meet the criteria, on the line provided next to each).</b>  Under the age of 18 and not a foster child, spouse, co-head: _____ 18 years of age or older and is a full-time student, handicapped or disabled and is not the head, co-head, spouse, live-in attendant: _____  If a member is full-time student 18 years of age or older, list below the college, vocational school, etc., the individual is/are attending: 1. _____ 2. _____
<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Elderly/Disabled</u></b></p> The head, co-head, spouse, sole member is/are 62 years of age or older and or is/are handicapped or disabled.

**EXPENSES**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Childcare</u></b></p> Does your household pay for childcare for children residing in the unit who are under the age of 13? If yes, provide the following: <table border="1" style="width:100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th style="width:80%;">Name of Child</th> <th style="width:20%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> Hours and days care is provided _____ Frequency and Rate of compensation paid _____ Provider Name: _____ Provider Phone Number: _____	Name of Child	Age								
Name of Child	Age											
<input type="checkbox"/>	<input type="checkbox"/>	Is any portion of the childcare expense paid by an outside source? If yes, list source: 1. _____ 2. _____										

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<b>YES</b>	<b>NO</b>	<p><b>Disability</b></p> <p>I/we pay an outside source for attendant care of an adult household member.</p> <p>If yes, provide name(s) of the household member(s) cared for _____</p> <p>Attendant care provided by _____</p> <p>Frequency and Rate of compensation paid _____</p> <p>Is any portion of the attendant care expense paid by an outside source? If yes, list source:</p> <p>1. _____</p> <p>2. _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Medical</b></p> <p><b>(To be completed ONLY by those households who have been designated as an ELDERLY and/or DISABLED household)</b></p> <p>Does the household have any recurring medical expenses (e.g. insurance premiums, prescriptions, medical bills, medical equipment, installment payments, etc.)?</p> <p>If yes, provide specifics and source:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>

**MISCELLANEOUS**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<p>Has any adult household member ever been convicted of any crime that has not been previously annulled? If so, list family member name(s) and nature of crime(s):</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member illegally use any controlled substance(s) drug(s)?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Has any household member ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?</p>

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HOH INITIALS: \_\_\_\_\_  
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<b>SECTION 8 STUDENT STATUS</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I/we are students.
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive student financial assistance.

YES	NO	<b>VEHICLE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the household have or own a vehicle? If yes, provide specifics: Make & Model: _____ Year & Color: _____ License Plate#: _____

<b>Service Animal or Pet</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a pet. Type of Pet: _____ Breed (if applicable): _____

**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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT      SIGNATURE OF APPLICANT/TENANT      DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT      SIGNATURE OF APPLICANT/TENANT      DATE

**With my signature above, I hereby swear and attest that all of the information above is true and complete. I understand that I am required to REPORT all changes in the income of any family member of my household as well as any changes in my household members to the Housing Authority IN WRITING by completing and submitting a Personal Declaration Form not later than seven (7) business days after the occurrence of such changes.**

**I declare that the person signing this document appears to be of sound mind and free from duress and not under the influence of drugs or alcohol at the time of signing and he/she is aware of the nature of the document and is signing it freely and voluntarily.**

\_\_\_\_\_  
PRINTED NAME OF WITNESS      SIGNATURE OF WITNESS      DATE