

- ☐ NEW APPLICANT
☐ INTERIM
☐ ANNUAL RE-EXAM

LEBANON HOUSING AUTHORITY
Personal Declaration Form

DATE: _____

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

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

HOUSEHOLD MEMBER NAME: _____		GENDER: _____
SSN: _____	BIRTHDATE: _____	
RELATIONSHIP TO HOH: _____		MARITAL STATUS: _____

HOUSEHOLD MEMBER NAME: _____		GENDER: _____
SSN: _____	BIRTHDATE: _____	
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INCOME INFORMATION

**MONTHLY GROSS
INCOME**

YES NO

Before Taxes & Deductions

<input type="checkbox"/>	<input type="checkbox"/>	I/We am/are self-employed. (<i>List type of self-employment</i>). _____ _____	(Use <u>Net Income</u> from Business) \$ _____ \$ _____
<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. <i>List the businesses and/or companies and to whom paid:</i> <u>Name of Employer - Provide at minimum 4 weekly or 2 bi-weekly sequential paystubs</u> 1. _____ 2. _____ 3. _____	(Gross Employment Income) \$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive monthly Social Security Payments. (<i>Including SSDI</i>)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive Supplemental Security Income (SSI) . (<i>If not monthly, how often?</i>) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members <u>Age 17 or under.</u> (Example: Social Security, Trust Fund disbursements, etc.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive disability or death benefits <u>other than</u> Social Security.	\$ _____
<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"/>	I/We receive Public Cash-Based Assistance <i>Circle Type(s).</i> TANF TAFDC APTD OAA ANB	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive Supplemental Public Benefits. <i>Circle Type(s).</i> SNAP LIHEAP-Fuel EAP-Electric OTHER-Describe Below	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive cash contributions of gifts including rent or utility payments, <u>on an ongoing basis</u> from persons not living with me.	\$ _____

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LEBANON HOUSING AUTHORITY***Personal Declaration Form*****INCOME INFORMATION****MONTHLY GROSS
INCOME****YES NO****Before Taxes & Deduction**

<input type="checkbox"/>	<input type="checkbox"/>	I/We receive child support payments and/or alimony/spousal support payments. <i>Name</i> _____ <i>Payor</i> _____ <i>Name</i> _____ <i>Payor</i> _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. <i>If yes, list sources:</i> 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive income from real or personal property. <i>Describe below.</i>	(use Net Earned Income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We receive income from any other source not listed herein. <i>If Yes, Describe.</i>	\$ _____

ASSET INFORMATION**YES NO****CASH VALUE**

<input type="checkbox"/>	<input type="checkbox"/>	I/We have a checking account(s). If yes, list bank(s): <i>(Provide monthly statements)</i> 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a saving account(s). If yes, list bank(s): <i>(Provide monthly statements)</i> 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have Certificates of Deposit (CD) or Money Market Account(s) <i>If yes, list sources/bank names.</i> 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____

Please Continue to Next Page**HEAD OF HOUSEHOLD INITIALS:** _____**DATE:** _____**COPIES AVAILABLE UPON REQUEST**

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ASSET INFORMATION

YES	NO		CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I/We own stocks, bonds, or Treasury Bills. <i>If yes, list sources/brokerages/agent name(s).</i> 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a Retirement Account/IRA/Keogh Account/401K, etc. <i>If yes, list bank/brokerage/agent name/distribution(s).</i> 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a revocable trust(s) <i>Provide Description.</i>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a whole life insurance policy. <i>If yes, list company names/policy #'s.</i> 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have cash on hand.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have income from assets or sources other than those listed above. <i>If yes, list type below.</i> 1. _____ 2. _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/We have disposed of assets (i.e. gave away money/assets for less than fair market value in the past 2 years). <i>If yes, list items and date disposed.</i> 1. _____ 2. _____	\$ _____ \$ _____

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ALLOWANCES

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Dependents</u></p> <p>Are any household members under the age of 18 and not a foster child, spouse, co-head of household? <i>If so, list names.</i> _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are any household members 18 years of age or older and a full-time student, handicapped or disabled and not the head, co-head, spouse, live-in attendant? <i>If so, list names.</i> _____</p> <p>For full-time students 18 years of age or older, list member name and college, vocational school, etc., the individual is attending.</p> <p>1. _____</p> <p>2. _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Elderly/Disabled</u></p> <p>Is the head of household, co-head, spouse, sole member:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>62 years of age or older?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Handicapped or Disabled?</p>

EXPENSES

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Childcare</u></p> <p>Does your family pay any out-of-pocket childcare costs for children residing in the household who are under the age of 13? <i>If yes, provide details below:</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">CHILD NAME</th> <th style="width: 10%;">AGE</th> <th style="width: 30%;">PROVIDER NAME</th> <th style="width: 15%;">COST (\$)</th> <th style="width: 15%;">HOW OFTEN?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	CHILD NAME	AGE	PROVIDER NAME	COST (\$)	HOW OFTEN?																				
CHILD NAME	AGE	PROVIDER NAME	COST (\$)	HOW OFTEN?																							
<input type="checkbox"/>	<input type="checkbox"/>	<p>Is any portion of the childcare expense reimbursed by an outside source? <i>If yes, list source.</i></p> <p>1. _____</p> <p>2. _____</p>																									

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EXPENSES

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<u>Disability Expenses</u> I/we pay an outside source for attendant care of an adult household member. <i>If yes, provide details below:</i>				
		MEMBER NAME	AGE	PROVIDER NAME	COST (\$)	HOW OFTEN?
<input type="checkbox"/>	<input type="checkbox"/>	Is any portion of the disability expense reimbursed by an outside source? <i>If yes, list source.</i> 1. _____ 2. _____				
<u>Medical Expenses for Elderly/Disabled Households ONLY</u>						
<input type="checkbox"/>	<input type="checkbox"/>	Does the household have any recurring out-of-pocket medical expenses (e.g. insurance premiums, prescriptions, medical bills, medical equipment, installment payments, etc.) that are not reimbursed? <i>If yes, provide details below.</i>				
		MEMBER NAME	PROVIDER NAME	COST (\$)	HOW OFTEN?	
<input type="checkbox"/>	<input type="checkbox"/>		<i>Medicare Insurance Part B</i>			
<input type="checkbox"/>	<input type="checkbox"/>		<i>Supplemental Health Insurance by _____</i>			
<input type="checkbox"/>	<input type="checkbox"/>		<i>Rx Drug Insurance Plan (PDP) By _____</i>			
<input type="checkbox"/>	<input type="checkbox"/>		<i>Rx Drugs@ _____ Pharmacy</i>			
			<i>List Additional Medical Expenses Below.</i>			

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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?</p> <p><i>If so, list family member name(s), date and nature of crime(s):</i></p> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member illegally use any controlled substance(s) drug(s)?</p> <hr/>
<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? <i>If yes, explain.</i></p> <hr/> <hr/>

HEAD/CO-HEAD/SPOUSE STUDENT STATUS

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p>I/we as Head of Household and/or Co-Head/Spouse are full or part-time students as defined by the attended educational institution.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><i>For Student Eligibility, Are you 24 Years of Age or older; or a veteran of or serving in the U.S. Armed Forces; or married; or have a dependent child; or a person with disabilities by Federal definition; or a graduate or professional student; or individually income eligible and parents are individually or jointly income eligible; or an independent student by Federal definition; or classified as a Vulnerable Youth by HUD definition?</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> N/A</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I/we receive student financial assistance.</p> <p><i>If yes, list amounts received above the costs of tuition, books, room & board, and fees of the educational institution.</i></p> <hr/>

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VEHICLE INFORMATION

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p>Does the household have or own a vehicle(s)? <i>If yes, provide details.</i></p> <p>Make & Model: _____ Make & Model: _____</p> <p>Year & Color: _____ Year & Color: _____</p> <p>License Plate State/#: _____ License Plate State/#: _____</p>
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SERVICE ANIMAL OR PET

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<p>I/we have a service animal or pet. <i>If yes, provide details.</i></p> <p>Type of Pet: _____</p> <p>Breed (<i>If Applicable</i>): _____</p>
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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.

With my signature below, I hereby swear and attest that all of the information herein 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 FIFTEEN (15) calendar days after the occurrence of such changes.

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