

Personal Declaration

THIS FORM MUST BE COMPLETED **IN INK AND IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION. PLEASE READ EACH QUESTION CAREFULLY

Street Address:	Home Phone
City, State, and Zip:	Cell Phone
Email:	Work Phone
Emergency Contact:	Emergency Contact Phone:

This is an application/declaration for a federally subsidized rental assistance program that is based on income and household composition. Intentional misrepresentation is considered FRAUD and is punishable by fines and/or imprisonment. I /We, the undersigned, authorize release or verification for the information supplied on this application. By signing this application, I agree that a criminal background check may be obtained on all adult members of my household, which includes records on Felonies, Misdemeanors, Arrests, Charges, Citations, or Convictions.

Household Members - List Head of Household FIRST *(SS# and birth record for new eligible members must be attached)*

Name as it appears on SS Card	Date of Birth xx/xx/xxxx	Age	Relationship to Head	Race	Sex	Social Security Number
1			Head			
2						
3						
4						
5						
6						
7						
8						
9						

GENERAL INFORMATION: (Check all that apply)

- You or a household member has been evicted from or owe money to another Public Housing Authority.
- You or a household member has been convicted as a sex offender or of manufacturing methamphetamines.

- You or a household member, or anyone else has moved in or out of your home in the past 12 months.
- You or a household member has a social/caseworker or other person that helps you with your housing paperwork.

Name _____ Phone _____ - _____ - _____ Organization _____

VERIFICATION OF CHLD SUPPORT, FOOD STAMPS, AND WELFARE THRU THE STATE OF LOUISIANA, CAN BE ACCESSED WITH A La Cafe' ACCOUNT.
 You or a household member has a La Café' Account *(printout or user/password must be included)*

LOGON: USER _____ Password _____

Report ALL changes in income and household composition, in writing, within TEN days.
If you do not report all income, assistance will end, and you must repay. It's the law!

INCOME:
HOUSEHOLD INCOME and ASSETS- Please read each statement & questions carefully!
 Documentation must be provided and must be less than 60 days old
 Yes ___ No ___ Do you or any family member receive any income? Examples include but are not limited to Employment/Wages/Earnings (*A job*),
 Unemployment, Workman's Compensation, **Social Security** (SS), Supplemental Security Income (**SSI**), Disability Income (other than SS or SSI), Alimony,
 Retirement, or Pensions. *Social Security printouts are available online (with account setup) at www.SSA.gov*

ATTACH ADDITIONAL PAGES AS NEEDED (Check stubs or proof must be attached)

Who has income?	Source of income?	Hourly Wage	Hours per Week	How often Paid	Gross Amount, before taxes or deductions

Check all that apply

___ Someone pays any family bills or expenses, gives you or any family member money or helps in any way? If CHECKED, a statement from the provider with their name, address, phone number, how often they contribute, what and how much they contribute (\$ value). This includes voluntary child support or HELP from absent parents.

- ___ You or a family member receives Child Support (Court ordered or Voluntary)? Amount _____
- ___ You or a family member receive AFDC, TANF, FITAP, or KINSHIP Care? Type & Amount _____
- ___ You or a family member are required to attend education or work programs.
- ___ You or a family member receive Food Stamps? Amount per month \$ _____
- ___ You or a family member, 18 or older, attends school? (High School, College, Technical School, etc.) Provide school schedule.
- ___ You or a family member is involved in any Work Study or Job Training Program? Type: _____
- ___ You or a family member receives Financial aid? (PELL Grant, Student Loans, etc.)?
 Amount \$ _____ Type _____ Frequency _____

ASSETS: (check all that apply)

- ___ You or a family member has sold or purchased any real estate in the last 12 months?
- ___ You or a family member has total assets of \$5000 or more! Ex: Bank Accounts, CD's, Life or Burial Insurance, Stocks, Bonds, Trusts, Royalties, Investments, Real Estate, Boat, Motor or Mobile Home?

EXPENSES: (check all that apply)

- ___ Medical Expenses -The head or spouse is elderly, handicapped or disabled.
- ___ Medical Expenses - I or a family member pay for prescriptions and have included a pharmacy printout
- ___ Medical Expenses - I or a family member pay for a prescription drug plan and have included proof of cost
- ___ Medical Expenses - I or a family member have other medical expenses and have included proof of expense/costs
- ___ I understand that I may not claim medical expenses for which I receive reimbursement.
- ___ A family member child under 13 years old is in childcare?

If provider is an INDIVIDUAL: You must provide a statement from the provider with name, address, ph#, how often and how much is paid by the family.
If provider is a LICENSED DAY CARE: You must provide a statement from the provider with name, address, phone number, how often and how much is paid by the family. *Any reimbursed childcare expenses must be reported!*

___ The family receives childcare assistance? (Provide printout)

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from admission or participation. It may also be grounds for denial or termination of assistance. I also understand that ANY CHANGES in the household income, assets or composition must be reported to the Housing Authority in WRITING IMMEDIATELY. I understand that all materials furnished become the property of Bossier Parish Section 8 Housing. I do hereby certify that the above information is true, accurate and complete to the best of my knowledge.

Signature of Head & Date:	
Signature of Spouse & Date:	
Signature of Other Adult & Date:	
Signature of Other Adult & Date:	