PERSONAL DECLARATION: <b>O</b> THIS FORM MUST BE COMPLETED OF YOUR HOUSEHOLD. ALL A PROVIDING FALSE INFORMATION	D <u>IN YOU.</u> DULT M	R OWN HAND EMBERS OF T	WRITING YOU THE HOUSEH	OLD MUST SIGN BELO	CT LEGAL NAME FO OWCERTIFYING TH	OR EACH MEMBER IE INFORMATION.
APPLICANT NAME				Γ	OATE	
ADDRESS	P	PHONE				
CITY, STATE, ZIP	P	PHONE				
RELATIVE	P	PHONE				
EMAIL ADDRESS				P	HONE	
1. HOUSEHOLD COMI	POSIT	ION: List all	persons who wil	l be living in your home list	ing head of household	first.
ADULTS – 18 & OVER (LEGAL NAME)	SEX	DATE OF BIRTH	AGE	RELATIONSHIP	SS#	MARITAL STATUS
1.	~===					
2.						
3.						
4.						
CHILDREN (Name as is it appears on SS card)	SEX	DATE OF BIRTH	AGE	RELATIONSHIP	PARENT'S NAME	SS#
1.						
2.						
3.						
4.						
2. DO YOU HAVE ANY MINOR CHI	LDREN N	IOT LIVING WI	ΓΗ YOU? Yes _	No IF YES	S, EXPLAIN:	
3. IF SEPARATED OR DIVORCED, I	LIST NAM	IE AND ADDRE	SS OF SPOUSE	/EX-SPOUSE/CHILDREN	'S FATHER (S)	
NAME & ADDRESS				P	HONE	
AME & ADDRESS PHONE						
NAME & ADDRESS PHONE _						
II. TOTAL HOUSEHO	ECEIVED	BY EVERYNO				

LIST ALL MONEY EARNED OR RECEIVED BY EVERYNONE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, UNEMPLOYMENT BENEFITS, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENTS (SSI), WORKEMEN'S COMPENSATION, RETIREMENT BENEFITS, AFDC, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS, INTEREST ON LOANS OR BANK ACCOUNTS, ALIMONY AND ALL OTHER SOURCES, IF YOU HAVE NO INCOME IN THE CATEGORIES BELOW, ENTER NONE.

	HOUSEHOLD MEMBER	WEKLY WAGE	TANF	CHILD SUPPORT	SS/SSI	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME	TOTAL ANNUAL
1.								
2.								
3.								

HOUSEHOLD MEMBER	EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE				
1.							
2.							
3.							
III. ASSET DECLARA	TION: If you answer yes to any	of following please explain.	YES NO				
boxes, real estate, a boat, a mobile hom	e, trusts, stocks, bonds, mutual funds, ce	ngs or checking accounts or safety deposite trificates of deposit, money market funds property held as an investment, lump surr	,				
MARKET VALUE OF ASSETS?	estate in the last two years? If yes, what the	ne market value?					
3. Do you or any household member have	ve a savings or checking account? Value?						
4. Do you own a car? Model/Year/Color	Tag-	<del>†</del>					
IV. PRESENT HOUSI	${ m NG}$ (Circle One): Displaced Stan	dard Substandard Overcrowded	Unknown				
1. No. of people living in unit	No. of bedrooms	Rent \$	Utility \$				
2. Present landlord/complex name	Address	Phone					
<ul><li>4. How long have you lived at above?</li><li>5. Previous landlord:</li></ul>	-	\$					
V. OTHER: (IF YOU ANSW	/ER "YES" TO ANY QUESTIONS I	BELOW, PLEASE EXPLAIN)					
1. Does anyone outside of your housel	nold pay for any of your bills or give yo	u money?					
2. Have you or any adult member used	any name (s) or Social Security number	er (s) other than the ones currently used?					
3. Have you or any member of your fa	mily lived in assisted housing?	If yes, list where and when					
4. Have you or any member of your fa	mily been evicted or been served with e	eviction papers?					
5. Have any children who will reside in	n the unit been suspended or dismissed	from school for absenteeism or disruptiv	re behavior?				
6. List children's schools							
7. Have you or anyone in your househousehousehousehousehousehousehouse	old ever been arrested of any crime other	er than traffic violations?					
8. Have you ever committed fraud in housing programs or been requested to repay money for making misrepresentations?							
EXPLANATION:							
the complex every six months in wri well as any changes in the household Landlord to collect information on n	ting or in person. I further understand d members must be reported to the Many credit history, police report, prior h	rect. I understand that in order to remain that all changes in the INCOME of a ANAGER/RENTAL OFFICE immediates and other information will be treated confidentially.	ny member of the household as ately. I hereby authorize the ion that is deemed necessary to				
Signature of Head of Hou	usehold/Date	Interviewer/Date					
Signature of Spouse/Other	er Adult/Date	TOD 6					
^	APPI ICANT STATUS. FI	FOR OFFICE USE ONLY  LIGIBLE INELIGIBLE PENDING (					
<b>f=</b> }		NTACT REJECTED ACEPTED	SK_TOL_IIV_OIIIEK				



NOTES: \_ APT # \_\_\_