

PERSONAL DECLARATION FOR RENTAL ASSISTANCE BENEFITS

HARFORD COUNTY HOUSING AGENCY
 15 South Main Street, Bel Air, MD 21014
 410-638-3045

“Committed to Crime Free, Drug Free Living”

**MAKING FALSE STATEMENTS ON THIS DOCUMENT IS WELFARE FRAUD.
24 CFR 982.551(b)(4) Any information supplied by the family must be true and complete.**

Complete all sections and answer all questions. If a section does not apply write “N/A.” All YES or NO questions must be answered “YES” or “NO.” If you do not understand a question, please ask for assistance.

INCOMPLETE OR ILLEGIBLE FORMS WILL BE REJECTED.

In order to process your request for assistance the Housing Agency needs your cooperation.

24 CFR 982.551(b)(1) The family must supply any information that the PHA or HUD determines is necessary.

HEAD OF HOUSEHOLD (HOH) (Person applying or current participant)

Last Name	First Name	MI	Home Phone
Street Address			Cell Phone
City	State	Zip	Message Phone

**The term “HOUSEHOLD MEMBER” includes the Head of Household (HOH)
 PERSON LISTED ABOVE**

FAMILY HOUSEHOLD COMPOSITION

List all people living in your home starting with yourself. Then list co-head of household followed by oldest to youngest member. This list will be referred to as Household Member(s).

Race Code: 1 = White, 2 = African American, 3 = American Indian / Alaskan Native, 4 = Asian, 5 = Native Hawaiian / Other Pacific Islander
Ethnic Code: 1 = Hispanic, 2 = Not Hispanic
Marital Status: S = Single (never married), M = Married, SE = Separated, D = Divorced, W = Widowed

Full Name Exactly as appears on Social Security Card	Disabled Yes / No	Age	Birthdate	Relationship to Head of Household	Gender M/F	Race Code	Ethnic Code	Marital Status	Social Security Number
HOH									
2)									
3)									
4)									
5)									
6)									
7)									
8)									

If more than eight, continue on a separate sheet of paper and attach.

List all household members who are attending school or college.

STUDENT STATUS				
Student's Name	School Name	Attendance	Financial Aid	
			YES	NO
1)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
2)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
3)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
4)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
5)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
6)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

If more than six, continue on a separate sheet of paper and attach.

All household members separated or divorced must disclose prior relationship(s).

SEPARATED / DIVORCED			
	Spouse / Former Spouse Last Known Address	Divorced?	Year Separated
Household Member's Name 1)		<input type="checkbox"/> Yes	
Spouse/Former Spouse Full Name 1)		<input type="checkbox"/> No	
Household Member's Name 2)		<input type="checkbox"/> Yes	
Spouse/Former Spouse Full Name 2)		<input type="checkbox"/> No	
Household Member's Name 3)		<input type="checkbox"/> Yes	
Spouse/Former Spouse Full Name 3)		<input type="checkbox"/> No	

If more than three, continue on a separate sheet of paper and attach.

List absent parent(s) information for any children listed as household members.

ABSENT PARENT(S)			
Child's Name	Absent Parent's Name	Last Known Address	Do you have contact with absent parent?
1)			<input type="checkbox"/> Yes <input type="checkbox"/> No
2)			<input type="checkbox"/> Yes <input type="checkbox"/> No
3)			<input type="checkbox"/> Yes <input type="checkbox"/> No

If more than three, continue on a separate sheet of paper and attach.

HOUSEHOLD FINANCIAL AND BENEFIT INFORMATION

Does any household member receive: (Check "YES" or "NO")	YES	NO
Social Security Benefits?		
Pension / Retirement or an Annuity?		
Unemployment Benefits, Disability Benefits, or Other Benefits?		
Military or Reserve Pay?		
Any Self-Employment Revenue within the last 24 months?		
Cash Aid, Welfare, Food Stamps, or Other Public Assistance?		
Adoption or Foster Care Payments?		
Transportation Reimbursement?		
Child Support?		
Do you have an open child support case?		
Does anyone or organization give you money?		
Does anyone or organization give or buy supplies for you?		
Has anyone or organization paid a bill for you in the last 12 months?		
Any other income or contributions from sources other than employment?		

If you answered YES to any of the above questions, provide details below.

Household Member	Monthly Gross Amount or Value of Donations	Name and Address of Agency / Person providing benefit	Date Started
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

If more than eight, continue on a separate sheet of paper and attach.

INCOME FROM EMPLOYMENT

Does Any Household Member Have: (Check "YES" or "NO")	YES	NO
Full or Part Time Earning or Severance Pay (Wages)?		
Cash, Tips, or Bonuses?		

If you answered YES to any of the above questions, provide details below.

Household Member Name: 1)	Name of Employer:	Telephone:	
Complete Employer Address:	Gross Income: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	Hours Per Week:	Date Started:
Household Member Name: 2)	Name of Employer:	Telephone:	
Complete Employer Address:	Gross Income: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	Hours Per Week:	Date Started:
Household Member Name: 3)	Name of Employer:	Telephone:	
Complete Employer Address:	Gross Income: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	Hours Per Week:	Date Started:

If more than three, continue on a separate sheet of paper and attach.

	YES	NO
Additional wage documentation attached?		
All wage information has been reported?		
All benefit information has been reported?		
All cash and non-cash contributions have been reported?		

INCOME TAX

	YES	NO
Was any household member required to file a tax return in the last 12 months?		
Did any household member file an income tax return in the last 12 months?		
Did any household member file IRS Schedule C in last 24 months?		
Did any household member receive an Earned Income Tax Credit?		
Did anyone else claim one of your dependents on their tax return?		
Did any household member claim a dependent not listed in your assisted household on their tax return?		
Did any household member receive a form W2 or 1099 in the last 12 months?		
Were you claimed as a dependent on someone else's tax return?		
All declarations provided to State and Federal Agencies are accurate?		

Name of household member on a non-member's federal income tax return.	Name of person claiming dependent
1)	
2)	
3)	

Name of non-household member claimed on a household member's tax return.	Relationship
1)	
2)	
3)	

ASSETS		
	YES	NO
Does any household member own a home or real property?		
If "YES" list details here: Property address: _____ Property value: _____		
Does any household member own or co-own a business?		
If "YES" list details here: Property address: _____ Property value: _____		
In the past 24 months, has any household member disposed of any asset for less than its market value?		
If "YES" list details here: Type of asset: _____ Date of disposal: _____ Value at disposal: _____ Actual amount received: _____		

	YES	NO
Does any member of the household have a life insurance policy with a cash value? If "YES," attach most recent statement.		
Has any household member received a lump sum settlement in the last 12 months?		
If "YES," list details here: Household Member: _____ Amount: _____ From: _____		

Does any household member have any of the following? (Check all that apply)

<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Stocks, Bonds, Annuities
<input type="checkbox"/>	IRA/KEOGH	<input type="checkbox"/>	Retirement Account/Pension	<input type="checkbox"/>	CD
<input type="checkbox"/>	NONE				

If "YES" to any of the above, provide a copy of the most recent statement(s).

Enter banking information – Checking and Saving Accounts

BANKING INFORMATION		
Checking Account	Institution / Bank	Account Number
Household Member 1)		
2)		
3)		
4)		
Savings Account	Institution / Bank	Account Number
Household Member 1)		
2)		
3)		
4)		

If more than four checking and/or four savings accounts, continue on a separate sheet of paper and attach.

If NO accounts held by any household member, initial here. 	
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CREDIT OR DEBIT CARDS		
	YES	NO
Does any household member have a credit or debit card(s)?		

Include all Visa, MasterCard, Discover, jewelry store, any type of card.

Card Holder (persons listed on card)	Creditor / Bank / Store / Other	Balance	Monthly Payment
1)			
2)			
3)			
4)			

If more than four, continue on a separate sheet of paper and attach.

Include Auto, Bank, Friends, Family, Any and All Loans.

LOANS			
Household Member:	Payable To:	Balance	Payment
1)			
2)			
3)			
4)			

If more than four, continue on a separate sheet of paper and attach.

VEHICLE(S)

	YES	NO
Do you have a Maryland Driver's License?		
Do you have a Driver's License from another state?		
Does any household member have a registered vehicle?		
Does any household member use a vehicle not registered in a member's name?		
Does any household member have vehicle insurance?		
If yes, attach a copy of the insurance policy.		

List information for vehicles used or owned.

Name of Registered Owner(s)	Make & Model	Year	Tag Number	Monthly Payment
1)				
2)				
3)				
4)				

If more than four, continue on a separate sheet of paper and attach.

CHILD CARE EXPENSES

	YES	NO
Do you pay child care for a child under 13 to enable you to work?		
Do you pay child care for a child under 13 to enable you to attend school?		
Do you pay for day care for a household member with a disability to enable you to go to work?		
If "YES," is the child care expense paid for by an agency or by another person outside of your household?		

Name of Child or Disabled Member	Monthly Expense	Provider's Name and Address	Name of Agency or Person Paying
1)			
2)			
3)			

If more than three, continue on a separate sheet of paper and attach.

MEDICAL EXPENSES

	YES	NO
Are you or your spouse disabled or elderly (62 or older)?		
Does any household member anticipate out of pocket medical expenses in the next 12 months?		
List amount anticipated:	\$	

SUPPLEMENTAL INFORMATION

	YES	NO
Is any household member temporarily absent from the home (away at school or military service, etc.)?		
Is any household member on parole or probation?		
If yes – List member’s name:		
Has any household member ever been on parole or probation?		
If yes – List member’s name:		
Has any household member ever been cited, arrested, charged, or convicted of any crime?		
If yes – Attach a detailed statement.		
Is any member of the household subject to register as a sex offender?		
If yes – List member’s name:		
Has any household member used a Social Security number different than the one they currently use?		
If yes – List member and former Social Security number.		
Has any household member used a name different than the one they currently use?		
If yes – List member and any and all former name(s) used.		
Have you ever received or lived in assisted housing elsewhere?		
If yes – List details:		
Does any member owe restitution or a debt to any Housing Agency/Authority?		
If yes – List details:		
Has any member ever had housing assistance benefits terminated?		
If yes – List details:		
Does any household member under the age of 6 years have an Elevated Blood Level (Lead)?		
Are you a current victim of domestic violence?		
Are you being threatened?		

THIS SECTION FOR CURRENT VOUCHER HOLDERS ONLY.
APPLICANTS CONTINUE ON PAGE 10.

	YES	NO
Is there a household member with a disability who started a new job or received a raise in the last 12 months?		
If yes – Explain:		
Has any household member been out of the subsidized unit for more than 30 consecutive days?		
If yes – Explain:		
Does any household member have any minor children who do not live in the subsidized unit?		
If yes – Explain:		
Is your rent current?		
Are your utilities on?		
Have you received any lease violation notices?		
Do you have an eviction notice?		
Is your assisted unit your only residence?		
Is your assisted unit damaged?		
Does your landlord properly maintain the property?		
Has the HA approved all household members living in the assisted unit?		
Does anyone residing outside of your assisted household receive mail at your assisted unit?		
If yes – List all persons:		
Does anyone residing outside of your household claim your assisted unit as their residence, or use your address for driver’s license, work, school, benefits, tax form, court records, vehicle registration, or on legal documents?		
If yes – List all persons:		
Does any household member have pending criminal charges or open criminal cases?		
Do you have renter’s insurance?		
Are you related to the owner of your assisted unit?		
Did you know the owner prior to leasing the assisted unit?		
Does any family member have a financial interest in the assisted unit?		
Do you have a regular overnight guest, or someone who spends more than 2 nights per month?		
If yes – List Name(s) and Explain:		
I understand rules, regulations, and family obligations.		
I request to attend another Briefing to ensure my understanding of family obligations.		
Are you a FSS participant?		
Do you want information about FSS?		
Do you understand the questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide two emergency contacts.

EMERGENCY CONTACT INFORMATION			
Name	Relationship	Phone	Address
1)			
2)			

Certification

All adult members in the household must sign this declaration to certify the accuracy of the information reported.

Persons with limited mental or physical abilities may provide authorization for their representatives to sign on their behalf. A representative’s signature does not diminish the household member’s responsibility.

Cooperation

I know I am required to cooperate by supplying all information needed to determine my eligibility, level of benefits, or, as necessary, to verify my circumstances. Cooperation also includes attending pre-scheduled meetings, and completing and signing forms. I understand failure or refusal to do so will result in delays, or termination of assistance.

Criminal and Administrative Action

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

WARNING!

Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

By my signature below, I hereby swear and attest that all of the information reported on this form about my household and me is true and complete.

By my signature below, I understand that only the household members approved by Harford County Housing Agency are allowed to utilize the assisted household.

By my signature below, I understand I must request written PHA approval to add additional household members.

By my signature below, I understand changes in income should be reported immediately, but must be reported in writing within 10 days.

By my signature below, I understand this is a public benefit and not an entitlement program. I have a responsibility to represent the program fairly and honestly. This responsibility includes protecting the reputation of the program by being a good tenant and neighbor, and supporting a “Commitment to Crime Free, Drug Free Living.”

ALL HOUSEHOLD MEMBERS ARE CRIME AND DRUG FREE 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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24 CFR 982.551(a)(4) Any information supplied by the family must be true and complete.

		DATE
Signature (Head of Household)		
Signature (Co-Head)		
Signature (Other Adult)		

Current Voucher Holders Complete Below Additional Declaration

**I/We have received, read, and understand the Statement of Family Obligations.
Any violations of family obligations will result in the termination of housing benefits.**

		DATE
Signature (Head of Household)		
Signature (Co-Head)		
Signature (Other Adult)		

DO NOT WRITE BELOW THIS LINE

Agency Representative Signature	DATE