Personal Declaration

This form must be fully completed. You must use the correct legal name listed on the **Social Security card** for each household member. All Adult members (age 18 and older) must sign to certify that provided information is true and correct.

PLEASE READ EACH QUESTION CAREFULLY before answering.

Name - Head Of Household			Home Phone:			
Street Address:			Cell Phone:			
City:	ST:	ZIP:	Work Phone:			
List the EMAIL address of all Adults (18 and older in the household)						
Head			3			
2			4			

Alternate Contact Person:

Phone:

ALL Household Member Names as listed on Social Security card - oldest to youngest	Relationship To Head	elationship To Head Date of Birth		Sex	Social Security Number	List Other Parent of all Children	
1	Head					under 18 yrs of age	
2							
3							
4							
5							
6							
7							

<u>GENERAL INFORMATION</u> Answer all questions below. Check appropriate box, provide all supporting documentation for any "Yes". <u>Nol Yes</u>

□ Someone has moved in/moved out of unit in the last 12 months. Who & when:

□ A household member was convicted; sex offender; drug-related/violent criminal in last 12 months. List Who & crime;

□ □ Any household member is pregnant. Who: ______ Provide Est. Due Date documentation.

□ □ There is a household member who is a HIGH SCHOOL student aged 18-19 years old. Provide school ID card to have a file copy made.

□ Any household member attending a COLLEGE, UNIVERSITY or TRADE SCHOOL. List who, where, if Full or Part time, traditional or online;

I understand that <u>ANY</u> and <u>ALL CHANGES</u> in the income of any household member <u>MUST</u> be reported by completing a new Declaration <u>within ten</u> (10) <u>days</u> of any change, and that any misrepresentation of information, failure to disclose requested information or failure to report changes as required are grounds for denial or termination of assistance. All materials furnished become the property of HACN.

Signatures below of **Head**, **Spouse/Co-Head & other adult members** do hereby grant authorization to third parties to release any requested information to the Housing Authority of the City of Natchitoches for purposes of determining family eligibility for, or continuing assistance in, housing assistance programs.

I/We do hereby certify that all information on this Declaration is true, accurate and complete to the best of my/our knowledge.

Signature of Head of Household	Date	Signature of Spouse or Co-Head	Date
Signature of other adult member in household	Date	Signature of; Other Adult in household Witness < Legal Guardian/Power of Attorney for Head of	Date Household

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. Household Income Read questions carefully! Documentation must be provided and must be less than 60 days old.

Any adult in a **Public Housing** unit & NOT working, MUST provide proof of current registration with LA Job Works. Edenty or disabled excluded.

Income is money or contributions that benefit the family. Including but not limited to: Employment, Unemployment benefits, Workman's Comp, SSI, Social Security, Disability payments OTHER than SS/SSI, Alimony, Child Support, FITAP, Retirement/Pensions, VA benefits, or any Voluntary contributions to your household or any bills paid on the family's behalf by someone outside the household.

Check all income sources received by the household. Explain all answers in table below.

Employed (full/part time job/s)	Receiving Unemployment or Workman's Comp	Work Study / Job Training Program
Receiving SS / SSI	FINANCIAL AID for Education Provide fee sheet	AFDC, TANF, FITAP or KINSHIP
Receiving Child Support	Are SELF-EMPLOYED	FOOD STAMPS

____ Receiving Retirement/Pensions/Disability payments NOT from Social Security or /SSI

_ Receiving Monetary Contributions from Family and/or friends, voluntary child support, bills paid by person outside household, etc.

List Number of who gets income	List details of all marked INCOME / BENEFIT(s) If anyone is working list the; Company Name & phone, email or fax number. If employed - Provide last 5 paystubs	Hourly Wage	List # of Hours Worked each week	List All MONTHLY Amounts of Income Received that are NOT from Job wages
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

No Yes

	Anyone started a new job since last Personal Declaration, who & date started:
	Is any employment seasonal (such as a 9-month school year)? 🗌 No 🗌 Yes If YES, are Unemployment payments received during Summer? 🗋 No 🗋 Yes
	Was anyone Laid Off, Quit or Fired since last Personal Declaration; No Yes, list who, when & the employer/company:

Assets of Household Members - You MUST provide proof / documentation of checked items.

4. Has any household member has sold, bought or inherited real estate/property in last 12 months
5. Does any household member have a; Bank Account, Life or Burial Insurance, Stocks/Bonds, Trusts,
CDs. IRAs. Real Estate. Boat. Motorhome or Mobile home. or total assets of \$5.000 or more.

6. Has any household member received a <u>10-99 form, W-2 Form</u> and/or filed an Income Tax Return this year Yes No

Monthly Expenses DO NOT LEAVE ANY BLANK QUESTIONS. Use last month's amounts. Mark "N/A" if it does not apply.

Rent	\$	Phone(s)	\$	Auto Insurance	\$	Life / Burial Insurance	\$		
Elect/Water	\$	Internet/Cable	\$	Auto Payment	\$	Beauty / Barber / Nail Svcs	\$		
Gas	\$	Misc. Rentals	\$	Loans	\$	Renter's Insurance	\$		
7. <u>Vehicles</u> : How many vehicles does your household own? Do you regularly use vehicles registered to others? No Yes List Yr/Make/Model of all vehicles owned / regularly used:									
8. 🗌 l pay	for out-of po	ocket Child or Dep	endent Care (fill	out below)	🗌 l don't pay	for care (skip down to Medica	l Expenses)		
List Names/A	lges under care	;							
Provider Name; Phone Monthly Amount R				Monthly Amount Paid \$_					
Street Addres	ss;				City	ZIP			
Does anyone	help pay for th	iis? 🗌 No 🗌 Yes,	List name & address	S					
<u>MEDICAL</u>	EXPENSES		ate box(es) below	-		disabled or are age 62 or o Spouse ☐ Co-Head			
l or a	a family mem	d, Spouse or Co-H ber pay for <u>non-reir</u> ber pay for a <u>non-r</u>	<u>mbursed</u> prescripti	ions - and have	included a phar		[,] that apply;		

_ I or a family member have other non-reimbursed medical expenses - and have included proof of payments