

# Housing Opportunities of SW Washington

# PERSONAL DECLARATION

You must use the correct legal name for each member of your household as it appears on their Social Security Card or DHS (formerly INS) documents. All adult members in the household (18 or older) must sign this form to certify accuracy of reported information

▶ What is your phone number? \_\_\_\_\_ ▶ What is your email address? \_\_\_\_\_

▶ Household Composition: List all persons living with you NOW, listing yourself (head of household) first. Please answer every question. Your eligibility and ongoing participation will depend on accurate completion of this form.

First Name, MI, Last Name	Date of Birth	Place of Birth	Relationship (spouse, son, daughter)	Head of Household/ Self	Is this person in your household more than 50% of the time? Y/N	Full Time Student Y/N	Social Security #	Disabled Y/N

**TOTAL HOUSEHOLD INCOME.** List all cash and non-cash resources received by each person living in your household. This includes wages, tips, self-employment, paper delivery, child support, Social Security, GAU, TANF, Workman's Comp, retirement, Veteran Benefits, rental property income, interest income, stock dividends, alimony, and all other sources not listed. **Please enter zero (0) if you do not have any income.**

Family member receiving the income	Wages from Employment (list employer and gross amount)	DSHS Cash Payments (TANF/GAU)	Child Support (monthly rate you receive)	Pension or VA Benefits	Social Security Payments (SSD, SSA, or SSI)	Unemployment Benefits (Weekly)	Other source of income



Please complete and sign the back of this document



**Personal Declaration, Part 2**

**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.

**Please answer each question**

**Yes No**

1	Does any other person or agency (not HOSWMA) contribute financially to your household?			How much do they contribute?
2	Is anyone in your household attending school on a Pell Grant, scholarship, or other type of financial aid? <i>Please provide copy of award letters</i>			Who in the household? What school?
3	Does this grant include Work Study?			
4	Have you or anyone listed as a family member on page one of this document, been <b>arrested</b> for any crime <b>within three years before today</b> ?			Who in the household? Arrest date and location: What crime?
5	Do you have child care costs for minor children so that you can work, search for work, or attend school as a full time student?			How much do you spend on child care each month? (Attach receipts if you would like these expenses considered)
6	Have you or any member of your household lived in government subsidized or other type of assisted housing <b>other than with Longview Housing Authority</b> ? Do you owe them any money?			Housing Authority: Location: How much?
7	Are you an owner or co-owner in any real-estate?			Property Address:
8	Are you an owner or co-owner in any business?			Name of Business:
9	Are you, or anyone living with you (including minors) a registered sex offender?			City/County/State of arrest _____ Date of arrest _____
9	<b>[Elderly (62+) or disabled head/spouse/sole member only]</b> Do you regularly pay (out of your own pocket) for prescriptions, doctor visit co-pays or insurance premiums? <i>If you are not elderly/disabled, please select "No"</i>			How much do you spend on medical expenses each month? _____ (Attach receipts if you would like these expenses considered)
<p><b>I certify by my signature that all information provided about myself and all members of my household is true and correct. I understand ALL CHANGES concerning the income of any member of this household as well as ALL CHANGES in my household composition must be reported to Housing Opportunities of SW Washington in WRITING within ten (10) days of the change. I also know that failure to report changes will result in termination of my assistance and that making false statements or deliberately omitting or withholding information could result in denial or termination of program benefits.</b></p>				

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or other adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of other adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of other adult \_\_\_\_\_ Date \_\_\_\_\_