Personal Declaration

This form must be completed **IN INK** and **IN YOUR OWN HANDWRITING**. You must use the correct legal name as it is listed on the **Social Security card** for each household member. All Adult members (age 18 and older) must sign certifying provided information. **PLEASE READ EACH QUESTION CAREFULLY** and answer all questions completely. **PRINT ALL ANSWERS CLEARLY.**

Name - Head Of Household	**Home Phone:**
Street Address:	**Cell Phone:**
City **ST** **ZIP**	**Work Phone:**
Email:	
Emergency Contact Name:	**Emergency Contact Phone:**

If you have a social/caseworker or other person that helps you with paperwork, list the agency and/or name of person & contact information

_____

Household Member Name as it is listed on Social Security card	Relationship To Head	Date of Birth xx/xx/xxx	Age	Sex	Social Security Number	List the Other Parent Of all Children under 18 yrs of age
	Head					

General Information Mark "Y" or "N" to all questions below. **Provide appropriate or supporting documentation for any marked "Y".**

___ Has someone has moved in or moved out of unit in the last 12 months. List Who/What: _____

___ Was any household member convicted; **a sex offender; of drug-related; of violent criminal** charges in last 12 months. Who & what;

_____

___ Is any household member is **pregnant.** Provide documentation from a healthcare professional.

___ Is any household member a; **HIGH SCHOOL** student aged **18-19 years old**. Provide school ID card to have a file copy made.

___ Is any household member is attending a **COLLEGE, UNIVERSITY** or **TRADE SCHOOL**. List who, where, if Full or Part time, traditional or online;

_____

I understand that **ANY** and **ALL CHANGES** in the income of any household member **MUST** be reported by completing a new Declaration **within ten** (10) **days** 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 to the HACN 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 housing assistance or determining the continuing housing assistance level.

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*** *Date*

___ ***Legal Guardian/Power of Attorney for Head of 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.

COMPLETE BOTH SIDES

Household Income *Read all statements/questions carefully!* ***Documentation must be provided*** *- must be less than 60 days old.*

Check if any listed members are classified as **disabled**: ☐ **Head of Household** ☐ **Spouse** ☐ **Co-Head** ☐ **None** *(EID)*

NOTE: If any adult member is **not working** and is **NOT elderly or disabled -** he or she **MUST** provide proof of current registration with LA Job Works.

Income is defined as money or benefits to the family received from (*but not limited to*);

Employment / Wages / earnings (a job), Unemployment benefits, Workman's Comp, Social Security/SSI, Disability payments OTHER than SS/SSI, Alimony, Child Support, FITAP, Kinship, TANF, Retirement and Pensions, VA benefits, stock dividends, Voluntary contributions to family from someone outside the household, any bills paid on the family's behalf by someone outside the household.

You or a household member; Check all that apply and explain any marked answers in table below. Provide current documentation.

____ Are **employed, have a job**
____ Receive **SS / SSI**
____ Receive **Child Support**
____ Receive **Retirement/Pensions**, or **Disability payments NOT** from **Social Security or /SSI**
____ Receive **Monetary Contributions** from anyone. (*money from family/friends, voluntary child support, bills paid by person outside household, etc.*)
A **Contribution form** *will be provided for the person(s) giving your family monetary assistance.*

____ Receive **Unemployment** or **Workman's Comp**
____ Receive **SNAP** (Foodstamps).
____ **FINANCIAL AID for EDUCATION** Provide fee sheet.

____ **WORK STUDY** or **JOB TRAINING** Program
____ Receive **AFDC, TANF, FITAP** or **KINSHIP**
____ Are **Self-employed** (Odd jobs, babysit, Hair services, yard work, etc)

List Who has income	List details of all marked INCOME / BENEFIT(s) If anyone is working list the; *Company Name & phone or fax number.*	Hourly Wage **If working**	List # of Hours worked Per WK	Are you paid weekly, Bi-weekly or Monthly*	List Non-work Income Received **MONTHLY**
		$			$
		$			$
		$			$
		$			$
		$			$

If a new job, list who & start date: _____ **Is any employment seasonal such as a 9-month school year?* ☐ **Yes** ☐ **No**

In last 12 months if any household member; Was Laid off, Quit or was Fired, list who it was, when it happened & the employer/company**:**

_____

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

Has any household member has sold, bought or inherited real estate/property in last 12 months. **Provide documentation.** ……. ☐ **Yes** ☐ **No**

Has any household member has a Bank Account, Life or Burial Insurance, Stocks/Bonds, Trusts, CDs, Individual Retirement Accounts ……. ☐ **Yes** ☐ **No**
Real Estate, Boat, Motorhome or Mobile home**, or** total assets of $5,000 or more. **If checked provide current documentation**.

Has any household member received a **10-99 form**, **W-2 Form** and/or filed **an Income Tax Return** this year for last year's income…..... ☐ **Yes** ☐ **No**

Was any household member was claimed as a dependent by someone who is NOT a member of the assisted household…….....…. ☐ **Yes** ☐ **No**
If "YES", List who is claimed and by whom: _____

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 and/or Burial Insurance	$
Electric	$	Internet	$	Auto Payment	$	Beauty / Barber / Nail Svcs	$
Gas	$	Cable	$	Misc. Rentals	$	Renter's Insurance	$
Water	$	Credit Card	$	Loans	$	Other:	

Vehicles: How many vehicles does **your** household own? _____ Do you regularly use a vehicle not registered to a household member? ☐ **Yes** ☐ **No**

List Year/Make/Model of all vehicles owned/used by family: _____

If you have Child or Dependent Care Expenses, complete this section; *(Expenses for care of minors under age 13, or care for dependent adults).*

List names/ages under care; _____

Provider Name; _____ Phone _____ Monthly Amount $_____

Street Address; _____ City_____ ZIP_____

Does anyone help pay for this? ☐ **No** ☐ **Yes,** name/address _____

MEDICAL EXPENSES

Are any of these classified as **disabled or age 62 or older**: ☐ **Head of Household** ☐ **Spouse** ☐ **Co-Head** ☐ **None of these**

If you marked **"None of these"….STOP,** ***Do Not*** answer any more in this section.

If the **Head of Household, Spouse or Co-Head are disabled or age 62 and older,** indicate any statements that apply;

____ I or a family member pay for non-reimbursed prescriptions - **and have included a pharmacy print out**
____ I or a family member pay for a non-reimbursed prescription drug plan - **and have included proof of cost**
____ I or a family member have other non-reimbursed medical expenses - **and have included proof of payments**