PERSONAL DECLARATION OF FAMILY INFORMATION

PLEASE READ EACH QUESTION CAREFULLY

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

List the **EMAIL** address below of all Adults (18 and older in the household)

Head:	**Other Adult**:
Spouse:	**Other Adult**:

Emergency Contact Name — Phone Number

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

Mark; Y *or* **N** **Do not leave any blank questions** *Provide all supporting documentation for any "Yes" answer.*

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

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

_____

_____ Any member is **pregnant.** Who: _____ *Provide Est. Due Date documentation.*

_____ There is a 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;*

_____

CERTIFICATION and AUTHORIZATION

All Adult (18 years and older) **household members must sign and date this form.**

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 become the property of HACN.

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

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.

_____ _____

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.

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

Are any of these classified as **disabled**: ☐ **Does not Apply** ☐ **Head of Household** ☐ **Spouse** *or* **Co-Head**

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.*

All adults except Elderly / Disabled in **Public Housing** & **NOT working, MUST** have proof of current registration with **LA Job Works**.

Mark all income types your household receives. Explain all answers in table below.

____ **Employed** (full/part time job/s) ____ **Unemployment** or **Workman's Comp** ____ **FINANCIAL AID** for School

____ **SS / SSI** ____ **SELF-EMPLOYED** *(Explain type below)* ____ **Scholarship**

____ **Child Support** ____ W**ork Study/Job Training Program** ____ **AFDC, TANF, FITAP** or **KINSHIP**

____ **Retirement/Pensions/Disability payments** *NOT from Social Security or /SSI* ____ **FOOD STAMPS**

____ **Monetary Contributions** from Family and/or friends, voluntary child support, bills paid by anyone not in the household.

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**
		$		**$**
		$		**$**
		$		**$**
		$		**$**

Y or N Do not leave any blank questions

____ Has anyone **started a new job since last Personal Declaration**, who & when: _____

____ Is ant employment **seasonal (***such as a 9-month school year)*? If YES, are Unemployment benefits received during Summer? ☐ **No** ☐ **Yes**

____ Was anyone **Laid Off, Quit or Fired** since last Personal Declaration; ☐ **No** ☐ **Yes,** **if YES,** list who, when & employer/company**:**

_____

Did anyone receive (this year) a:

W-2 Form ☐ **Yes** ☐ **No,** *File an* **Income Tax Return** ☐ **Yes** ☐ **No,** **10-99 form** ☐ **Yes** ☐ **No**

Assets of Household Members answer **Y** or **N** Does any household member have the following;

___ **Bank account**…(if YES, provide copy of current statement) ____ **Stocks/Bonds, Trusts, CDs, IRAs** (if YES, bring documents)

___ **Real estate/property** bought/sold/inherited in last 12 months ____ **Boat, atv/utv, motorcycle or motorhome**

___ Currently own any **property/buildings/mobile home** ____ **Life or Burial Insurance** (if YES, bring policies)

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

Rent $_____ Phone $_____ Internet/Cable TV $_____ Water/Elec $_____ Gas utility $_____ Loan Payoff $_____

Auto Payment $_____ Auto Insurance $_____ Other Insurance; Life / Burial / Renter's $_____ Other $_____

Vehicles: 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: _____

Child / Dependent Care Services

☐ **I don't pay for C/D care** *(skip down to Medical Expenses)* ☐ **I DO pay out-of pocket C/D Care** *(fill out below)*

List Names/Ages under care; _____

Provider Name; _____ Phone _____ Monthly Amount Paid $_____

Street Address; _____City_____ZIP_____

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

MEDICAL EXPENSES If the **Head of Household**, **Spouse** or **Co-Head are disabled** or are age **62 & older,** does any family member pay; non-reimbursed prescriptions, non-reimbursed prescription drug plan and/or other non-reimbursed medical expenses? ☐ **No** ☐ **Yes**