

Personal Declaration

This form must be completed in your own handwriting if possible. You must use the correct legal name for each member of your Household as it appears on the Social Security Card. All Adult Members of the Household must sign below certifying the information pertaining to them.

- I. **Household Composition:** List all persons who will be living in your home listing Head of Household first.

Adult (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M) Widowed (W) Separated (S) Divorced (D)

Children (Name as it appears on Social Security Card)	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name & Address

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Social Security Number (if known)

Social Security Number (if known)

- II. **Assets:** If you answer yes to any of the following questions, please explain below.

A. Do you or any Household Member own any part of any Real Estate, Property, or Mobile Home? _____ If yes, what & where: _____

B. Have you sold any Real Estate in the last two years? _____ If yes, give details: _____

C. Do you own any Stocks, Mutual Funds or Shares? _____ If yes, please list what and how many shares or current value: _____

D. Do you have a Savings Account or any Certificates of Deposits? _____ If yes, please list type of account, what bank, and current value: _____

Income Questionnaire

Name and address of Head of Household: _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the Government counts as income in determining eligibility for Federal Housing Assistance. Check **Yes** for a particular type of income if any Household Member receives it. We'll get the details from you later. Check **No** only if no member of your household receives the particular type of income or benefits.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of Federal Funds.

Notice: Any attempt to obtain Public Housing and rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Georgia Code Section 16-9-55.

1. Employment Income

(This does not include employment of children younger than 18 or live-in aides.)

Wages	Yes	No
Salaries	Yes	No
Overtime Pay	Yes	No
Commissions	Yes	No
Fees	Yes	No
Tips	Yes	No
Bonuses	Yes	No
Any other amounts Adult Household Members earn from working for other people or from their own businesses	Yes	No

2. Benefit Payments

(This includes lump-sum payments received because of delays in processing benefits)

Social Security	Yes	No
Supplemental Security Income (SSI)	Yes	No
Worker's Compensation	Yes	No
Disability Pay or Benefits	Yes	No
Unemployment Benefits	Yes	No
Severance Pay	Yes	No
Annuities	Yes	No
Insurance Policy Payments	Yes	No
Pensions	Yes	No
Retirement Fund Benefits	Yes	No
Death Benefits	Yes	No
Any other benefit payments (e.g. Veterans Disability Black Lung Sick Benefits, Dependent Indemnity Compensation)	Yes	No

3. Welfare Assistance (TANF)

(This includes lump-sum payments received because of delays in processing benefits)	Yes	No
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4. Alimony and/or Child Support

(This includes Adoption Assistance Payments)	Yes	No
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5. Interest, Dividends, and Other Income from Household Assets

Interest from Bank Accounts or Bonds	Yes	No
Dividends from Stocks or Mutual Funds	Yes	No
Income Distributed from Trust Funds	Yes	No
Money from Renting Household Assets	Yes	No
Any other Interest, Dividends, or Rent	Yes	No

6. Lottery Winnings Paid in Periodic Payments Yes No

7. Money or Gifts Regularly Given by Persons not Living in the Unit

(This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a childcare provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of Foster Children or gifts received on a nonrecurring basis)

Yes No

8. Any Other Source of Income Yes No

If yes, please specify: _____

9. Food Stamps Yes No

I hereby certify that all the above information is true and correct to the best of my knowledge.

Signature of Head of Household: _____ Date: _____

III. Please List Total Annual Income (money received) for all Family Members below. (Include wages, TANF, Social Security Benefits, Supplemental Benefits, Veterans Benefits, Disability Benefits, Retirement Benefits, Income from a Business, Interest/Stock/Dividend Income, Alimony, Odd Jobs, Regular Gifts, Regular Support, or any other type of Regular Payments received.)

Household Member	Amount	From Who/What	Household Member	Amount	From Who/What

IV. Please answer the following questions:

A. Does anyone outside your Household pay for any of your bills or give you any money? _____
If yes, please explain: _____

B. Have you or anyone in your Household ever been convicted of any crime(s) other than traffic violations? _____ If yes, please explain: _____

C. Do you or anyone in your Household currently receive food stamps? _____ If yes, please state who receives them and how many per month they receive: _____

V. Please answer the following questions only if you are applying for assistance.

- A. Have you or any other Adult Member ever used any name(s) or Social Security Number(s) other than the one you currently use: _____ If yes, please explain: _____

- B. Have you or any member of your Household lived in any Assisted/Public Housing? _____ If yes, list where and when: _____
- C. Have you or any member in your Household ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such Housing Programs? _____ If yes, please explain: _____

Additional Remarks: _____

Certification

I do hereby swear and attest that all information above is true and correct. I also understand that all changes in the income of the Household as well as any changes in the Household Members must be reported to the Housing Authority in writing within ten (10) days of any change.

Signature of Head of Household /Date

Other/Date

Signature of Head of Household/Date

Other/Date

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.

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