

PERSONAL DECLARATION

This form must be completed ***IN YOUR OWN HANDWRITING IN INK PEN***. You must use the correct legal name for each member of your household as it appears on their Social Security Card. All adult members of the household must sign below certifying the information pertaining to them is true and correct. PLEASE PRINT.

LAST NAME _____ **FIRST NAME** _____ **MI** _____

ADDRESS _____

TELEPHONE NUMBERS:

Home _____ Work _____

Relative/Friend _____ Cellular _____

Part I: HOUSEHOLD MEMBERS

Supply the below information for all persons that will live in the assisted housing unit. On member #1 provide your information as Head of Household. Beginning with member #2, list other adults in the household, followed by any children.

<u>1. Head of Household (Your Information):</u>				
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]	
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single				
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other				
Ethnicity: [] Hispanic [] Not Hispanic				

<u>2. Other Household Member:</u>	<u>Relationship to Head:</u>			
Last Name: _____	First Name: _____ MI: _____			
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]	
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single				
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other				
Ethnicity: [] Hispanic [] Not Hispanic				

<u>3. Other Household Member:</u>	<u>Relationship to Head:</u>			
Last Name: _____	First Name: _____ MI: _____			
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]	
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single				
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other				
Ethnicity: [] Hispanic [] Not Hispanic				

NONDISCRIMINATION

City of Fairfield Housing Authority prohibits discrimination in employment, services, and activities on the basis of race, color, creed, religion, sex, ancestry, familial status, marital status, national origin, sexual orientation, age, disability, source of income or other legally protected status. FHA affirms its commitment to equal opportunity and equal access to services. For additional information, contact the Housing Division Manager at 707-428-7391.

PERSONAL DECLARATION

Family Composition

4. Other Household Member:			Relationship to Head:		
Last Name:		First Name:		MI:	
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]		
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single					
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other					
Ethnicity: [] Hispanic [] Not Hispanic					

5. Other Household Member:			Relationship to Head:		
Last Name:		First Name:		MI:	
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]		
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single					
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other					
Ethnicity: [] Hispanic [] Not Hispanic					

6. Other Household Member:			Relationship to Head:		
Last Name:		First Name:		MI:	
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]		
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single					
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other					
Ethnicity: [] Hispanic [] Not Hispanic					

7. Other Household Member:			Relationship to Head:		
Last Name:		First Name:		MI:	
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]		
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single					
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other					
Ethnicity: [] Hispanic [] Not Hispanic					

8. Other Household Member:			Relationship to Head:		
Last Name:		First Name:		MI:	
Social Security Number:	Date of Birth:	Sex: [M] [F]	Disabled: [Y] [N]		
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single					
Race: [] Caucasian [] Asian/Pacific Islander [] African-American [] American Indian/Alaska Native [] Other					
Ethnicity: [] Hispanic [] Not Hispanic					

Part II - Family Composition (continued)

1. Name of absent parent of children (spouse or ex-spouse).
 Name _____ Name _____
 Address _____ Address _____
 City/State/Zip _____ City/State/Zip _____
2. Have you or any household member ever used any other name(s) or Social Security number? [Y] [N]
 Name: _____ SS#: _____
3. Do you or any household member currently receive housing assistance from an agency other than the City of Fairfield Housing Authority? [Y] [N]. If yes, name the agency _____
4. Have you or any household member ever been convicted of any crime other than traffic violations? [Y] [N]
 Name: _____ Violation: _____ Date: _____
5. Is anyone in your household a registered sex offender? [Y] [N] If yes, name: _____
6. Has anyone in your household ever committed any fraud in a federally assisted housing program, or welfare fraud, or been requested to repay money for knowingly misrepresenting information for such programs? [Y] [N]
7. Are you or any family member currently on parole/probation? [Y] [N]. If yes, provide the following:
 Household Member on Parole/Probation: _____ County: _____
 Parole/Probation Officer: _____ Phone Number: _____
8. Is anyone else in your household other than yourself and those who are listed on your Personal Declaration? [Y] [N]
 Name: _____ SS#: _____
9. Are any household members temporarily out of the home? [Y] [N] If yes, who? _____
10. Is anyone in the household who is 18 or older a student? [Y] [N] If yes, complete the below:

Name	Full time Student? (Y or N)	Educational Institution and Address

Part III - Assets Does any family member:

1. Have trust funds? [Y] [N] If yes, is any amount accessible to the family? [Y] [N]
2. Own or have any equity in rental property or other capital investments? [Y] [N]
3. Receive any lump sum payment(s) during the past 12 months (other than tax refunds)? [Y] [N]
4. Have a whole life insurance policy? [Y] [N]
 A. If yes, provide name and address of insurance company
 Name _____
 Address _____
 Policy Number _____
 B. What is the current surrender value of your policy? _____
5. Receive a monthly, quarterly, or annual dividend statement from any insurance policy or other investment? [Y] [N]

6. Does any family member own any of the following?:
- A. Houses or other real estate [Y] [N]
 - B. Cash or certificates of deposit (CD) [Y] [N]
 - C. Property held as an investment [Y] [N]
 - D. Business Equipment [Y] [N]

If you answered yes to any of the questions above, please write a brief description or explanation (list the question number before the description):

7. Does any family member have a Checking or Savings Account? [Y] [N] If yes, complete the following for each account. Provide the most current account statement for all accounts listed.

Family members listed on the account	Type of Account (Checking/Savings)	Bank Name and Account #'s	Current Balance \$
		Bank:	
		Acct.#:	
		Bank:	
		Acct.#:	
		Bank:	
		Acct.#:	
		Bank:	
		Acct.#:	

8. Does any family member have a Money Market Account or own any Stocks or Bonds? [Y] [N] If yes, complete the following for each account. Provide the most current account statement for all accounts listed.

Family members listed on the account	Type of Account (Money Market/ Stocks/Bonds)	Bank Name and Account #'s	Current Balance \$
		Bank:	
		Acct.#:	
		Bank:	
		Acct.#:	
		Bank:	
		Acct.#:	
		Bank:	
		Acct.#:	

You must provide an original of the most current statement for all investment accounts, including checking and savings accounts, CDs, stocks, etc.

Part IV – Income

Does any family member now receive, or expect to receive in the next year:

1. Income from wages? [Y] [N]

If yes, can the above wage information be verified over the internet or by telephone? [Y] [N]

If yes, what is the internet address or phone number? _____

If required, what is the access code? _____

2. Income from a family operated or home business (self-employed); such as gardening, cosmetology (nails, hair, etc.), baby-sitting, etc.? [Y] [N]

3. Welfare payments such as General Assistance, or CalWORKS? [Y] [N]

4. Cal Fresh/Food Stamps? [Y] [N]

5. Social Security and/or Supplemental Security Benefits (SSI) benefits? [Y] [N]

6. Veteran's benefits? [Y] [N]

7. Temporary Disability Income? [Y] [N]

8. Unemployment Benefits, Disability Compensation, Workmen's Compensation, or severance pay? [Y] [N]

9. Pensions, periodic payments from Annuities, Insurance Policies, a Retirement fund, death benefits, a trust or any similar sources? [Y] [N]

10. Alimony or Child Support payments? [Y] [N]

If yes, please provide Recipient ID# _____ and PIN # _____

11. Lottery winnings, paid periodically? [Y] [N]

12. Regular monetary contributions or gifts from any non-household member? (This includes cash, food, payment of utility/telephone bills, or any other cash or non-monetary contributions, from friends, relatives, or entities, including church) [Y] [N]

13. Is anyone a student and receiving education grants, scholarships, Veterans Affairs education benefits, Federal Work Study, or other such financial aid? [Y] [N]

14. Is any family member an active member of the U.S. Armed Forces? [Y] [N]

15. Is any adult family member without any source of income? (Zero Income) [Y] [N]

If yes, whom? _____
(Family member must sign a ZERO INCOME certification available at the Housing Office)

If yes, whom? _____
(Family member must sign a ZERO INCOME certification available at the Housing Office)

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Part IV – Income (continued)

List **ALL** money earned or received by **every adult and child** living in your household

YOU MUST REPORT ALL INCOME

Member's Name	Type of Income (ex: Wages, EDD, Cal Works, Child Support, Pensions, SSA, SSI, etc.)	Source of Income (Name, Address, and Phone Number)	Amount of Monthly Income (list each separately)

Please provide original documentation for all income. For example, provide the most recent two paystubs, benefit award letters, etc.

Part V – Allowances and Deductions

1. Does any family member pay unreimbursed, out of pocket, Childcare Expenses for any child under age 13 in order to work, seek work, or attend school? [Y] [N]

If "yes", list the names of the children who receive childcare.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

(List additional children on a separate sheet of paper)

How much do you pay per month? _____ Furnish provider's information below.

Name _____ Phone _____

Address _____

City/State/Zip _____

2. Does any family member receive Childcare Services paid by another agency or person? (i.e.: Solano Family Services) [Y] [N]

Furnish childcare provider's information below.

Name _____ Phone _____

Address _____

City/State/Zip _____

3. Do you share custody of any children? [Y] [N]

Who has Physical Custody? _____

Name of Child _____ Social Security Number _____

How many days a month/year do you have custody? _____

Who has Physical Custody? _____

Name of Child _____ Social Security Number _____

How many days a month/year do you have custody? _____

4. Does a family member pay for the care of a disabled family member or for the expense of an auxiliary apparatus for a disabled family member? [Y] [N] If yes, does this expense enable a family member to work? [Y] [N]

If "yes", complete the below and provide original receipts or printouts:

Who pays expense	Disabled family member	Type of expense (attendant care, TTY/TTD, etc)	Expense paid to: (Name and address)	Monthly amount

Part V – Allowances and Deductions (continued)

5. Is the head of household, their spouse, or co-head, either disabled or 62 years of age or older? [Y] [N]
 If "yes", does the family pay for out of pocket medical expenses for any family members? [X] [N]

Expense Type	Paid to (doctor, hospital, pharmacy, etc.)	How often? (Monthly, weekly, annually, etc.)	How much per payment?	Is this reimbursed from any source? (Yes or No)

If you answered yes to any questions in Section V, provide original supporting documents

Part VI – Certification

FAMILY CERTIFICATION

I do hereby swear and attest that all of the information provided on this PERSONAL DECLARATION is true and correct. I/we authorize the Housing Authority to research public records and conduct computer-matching searches, including Credit Bureau, to verify the information provided.

I/we also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I/we understand that all changes in the income of any member of the household, as well as any changes in the household composition must be reported to the Fairfield Housing Authority in writing within 10 business days of the change. I/we also understand that failure to report changes as required and failure to abide by program requirements is grounds for termination from the program and may result in loss of assistance.

 Print Name of Head of Household Signature of Head of Household Date

 Print Name of Spouse or other Adult Signature of Spouse or other Adult Date

 Print Name of other Adult Signature of other Adult Date

 Print Name of other Adult Signature of other Adult Date