

# **Personal Declaration**

This form must be completed yearly and during every interim adjustment. Below are the guidelines for completing the form.

1. This form **MUST** be completely fill out personally by the Head of Household or spouse. You must use the correct legal name for each member of the household as it appears on their Social Security Card.
2. All adult members 18 or older must sign at the end of this form on the last page certifying the information is correct.
3. **Do not leave any section blank. If one section does not pertain to you, either X out that section or indicate “Not Applicable” by inserting a large N/A in the section.**
4. Incomplete forms are not acceptable.
5. All information must be printed clearly.
6. All information must be true and complete.

**Federal Regulations REQUIRES you to declare the race of family members as: (circle)**

- **White**
- **Black**
- **American Indian/Alaskan Native**
- **Asian/Pacific Islander**

**Federal Regulation also states that you must declare the Ethnicity as: (circle)**

- **Hispanic**
- **Non-Hispanic**

**Your application cannot be processed until ALL information is provided to the Waukegan Housing Authority. You may obtain assistance to complete the form from anyone except a Waukegan Housing Authority Staff. The person assisting you must sign the form on the last page.**

**HOUSEHOLD COMPOSITION:**

List everyone who will be or who is currently residing with you in the following order:

1. Head of Household
2. Spouse
3. All Adults in order of age
4. All minor children in order of age

No.	Last Name	First Name	Middle Initial	D.O.B.	Race	Age	Social Security #	Relationship 2 Head
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Current Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street Address City/State Zip

How long at current address: \_\_\_\_\_ month(s) \_\_\_\_\_ year(s) Email address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Home Work Cell

**HOUSEHOLD INCOME VERIFICATION FOR THE PAST 12 MONTHS**

Family Member	Employer Name	Employer Address	Job Type Seasonal/Non-Seasonal	Dates From	To

Family	Hours per week	Rate of pay/Tips/Bonus/Commission	Avg. Overtime H/P/W	Rate of overtime pay

**\*\*Do you or anyone in your household work for cash? \_\_\_\_\_**

**\*\*If yes please explain \_\_\_\_\_**

**Other Household Income. Social Security/SSI/TANF/Child Support/Pension/Unemployment Etc.**

Family	Source of Income	Income Amount	How often received? Monthly/bi-weekly/weekly

**Child Care and Medical Expenses for Disabled and Elderly member**

Family	Expense	Expense Amount	How often paid? Monthly/bi-weekly/weekly

## FAMILY ASSETS

Family	Name of Bank/Credit Union	Type of Account	Account #	Account Value

**Does anyone 18 or older attend school full time? Yes \_\_\_\_\_ or No \_\_\_\_\_**

Family Member	Name of School/University	School/University Address/City/State/Zip

Miscellaneous Information:

1. Do you and/or any household member own or has any real estate, boat, or mobile home? Yes or No
2. Have you sold any real estate in the last 2 years? Yes or No
3. Does anyone outside of your household pay for any of your bills or give you money? Yes or No
4. Have you or any other adult member ever used any name(s) or social security number(s) other than the one you are currently using? Yes or No
5. Have you or any other household members lived in public housing or in any other unit where help with rent was given through a rental assistance program? Yes or No
6. Have you or any other household member ever been evicted or terminated from Public Housing or Section 8/or any Subsidy Unit? Yes or No

7. Have you or any other household member abused alcohol/drugs to the extent that such alcohol/drug abuse caused behavior that interfered with the health, safety, or peaceful enjoyment of premises of others were disturbed? Yes or No
  
8. Have you or any household member ever been involved in, arrested, or convicted for any crime other than a traffic violation? Yes or No
  
9. Do you or any household member have ANY OPEN CRIMINAL CASES other than traffic violations? Yes or No
  
10. Have you ever committed fraud in a Federally Assisted Housing Program or been requested to repay monies for misrepresenting information for such housing? Yes or No
  
11. Do you currently owe any monies to this or any other housing authority for unpaid rent or court cost (Attorney fees or damages)? Yes or No
  
12. Does anyone in your household require reasonable accommodation for a person with disabilities? Yes or No
  
13. Do you have physical custody of your children and are they currently living with you? Yes or No
  
14. Has anyone in your household 18 or older gotten married? Yes or No

**I do hereby swear and attest that all the information above is true and complete. I also understand that all changes in the income of any household member as well as any changes in the household member must be reported to the housing authority. I understand I must obtain permission from the Housing Authority before adding another person to my household. I understand I must report any income earned by household members who turn 18 during the year, even if they are full-time students. I understand these changes must be reported in writing within 10 days of the change.**

**WARNING!!!!!!!!!!!!**

**Title 18, Section 1001 of the United States Codes, 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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**Head of Household** **Date**

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**Spouse** **Date**

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**Other Adult** **Date**

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**Other Adult** **Date**

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**Other Adult** **Date**

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**Other Adult** **Date**