



Portage Metropolitan Housing Authority

Section 8 Department

2832 State Route 59, Ravenna, Ohio 44266 | Telephone: (330) 297-1489 Fax: (330) 577-0000
 •Equal Housing Opportunity•

Personal Declaration

You must complete this form. You must use the correct legal name for each member of your household. **ALL** adult members of the household (18 years and older) must sign at the end of this form certifying the information pertaining to them is true and correct. **PLEASE PRINT. PARTIAL/INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

Name/Head of Household _____ Telephone Number (____) _____

Unit Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

I. HOUSEHOLD COMPOSITION: List all person who will be living in your home, listing head of household first.

Family Member #	NAME <small>(as it appears on Social Security Card)</small>	Age	Date of Birth	Male or Female	Relationship to Head of Household	Student <small>(Yes or No)</small>	Social Security Number
1					SELF		
2							
3							
4							
5							
6							
7							
8							
9							
10							

II. HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes, but is not limited to, money from employment (including tips, bonuses, commissions, etc.), self-employment, child support, alimony, ANY cash assistance, veteran's benefits, rental property income, interest income, contributions/money given to you on a routine basis, etc...

YOU MUST ANSWER EVERY QUESTION—COMPLETE ALL BOXES BELOW:
 Check Yes or No and enter the Family Member Number(s) that are beside each name as listed above

Type of Income	Yes	No	Family Member #	Monthly Amount
Employment				
Tips				
Bonuses				
Commissions				
Self-/Employment				
Social Security				
SSI				
Pension				
VA Pension				
Disability (other than SS/SSI)				
Unemployment Benefits				
Public Assistance (Cash Assistance)				
Public Assistance (Supplemental Nutrition Assistance Program fka "Food Stamps")				
Worker's Comp				
Alimony				

Type of Income	Yes	No	Family Member #	Monthly Amount
Child Support (Specify County: _____)				
Savings Account				
Checking Accounts				
CD's/Stocks/Bonds/etc				
IRA/Keogh Accts.				
Real Estate/Rental Income				
Investments or Trusts				
Lump Sum Receipts				
Grants				
Scholarships				
Stipends				
Disposed of Assets (last 2 years)				
Other (specify)				
Other (specify)				
Other (specify)				

