

Name/Head of Household_

Unit Address

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.**

City

Mailing Address			City			State	Zip		
Email Add	mail Address								
I. HOUSEH	. HOUSEHOLD COMPOSITION: List all person who will be living in your home, listing head of household first.								
Family Member #	NAME (as it appears on Social Security Card)	Age	Date of Birth	Male or Female	Relationship to Head of Household	Student (Yes or No)	Social Security Number		
1					SELF				
2									
3									
4									
5									
6									
7									
8									
9									

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 <u>Yes</u> or <u>No</u> and enter the Family Member Number(s) that are beside each name <u>as listed above</u>

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)				

Telephone Number (_____)_____

State Zip

ALL employment information for EACH family member must be listed below.

Family Member #						Average Hours Worked (per week)		
ALL asset in	formation for EACH family men	nber must be listed b	elow. This includes a	ssets that are	non-interest	bearing.		
Family Member #	Bank's Name, A	Number	Acco		Checking or Savings	Balance		
	20			7.000			20.00.00	
III ALLOW	ANCES/DEDUCTIONS							
_	usehold members work (or go to s	school), do vou pay for	Child Care Expenses	that are paid b	v vou and not	oaid for or reim	bursed by an	
outside agen	cy or source? Yes No	If yes, please lis	st the Child Care Provid	er's name and	daddress		-	
			Amoun					
Is <u>any</u> adult in Completion d	n household attending College, Joace?	bb Training or GED cou loes ADULT full-time s	urses? If student have a grade po	so, where? int average of	2.0 or higher?			
	ADULT student(s)?		-	_	_	r full-time?		
					•			
	r older? Yes No Are							
Do you requi	re special accommodations? Yes	No If	yes, please specify					
not paid for o	er of the above, do you: 1) pay for reimbursed by your insurance	or another source? Ye	es No If ye	2) pa es, list name &	y out-of-pocke & address of Ic	t medical exper	nses that are e expense is	
IV GENER	AL INFORMATION							
	outside of your household help w	vith your household bill	s or living expenses? Y	'es No_				
	any member of your household evo If yes, explain					are currently us	sing?	
	any member of your household evo If yes, list where and whe				based on you	r income)?		
	ver committed fraud in or beer ing information for such housing p							
Do you own p	property? Yes No If y	•	s(es)					
V. ALTERNA	ATE/EMERGENCY CONTACTS							
In an emerge	ncy or if you are unable to contac							
(1) Name			(2) Name Address					
			-					
Phone # (Relationship_)		Phone # (Relationship)				
	AFTER READING	THE FOLLOWING S	TATEMENTS PLEASE	SIGN AND D	ATE BELOW.			
is accurate and also understan Section 8 prog	t the information given to the Portage d complete to the best of my/our kno d that false statements or informatior ram, I understand that all CHANGES curs. Any information, document or	wledge and belief. I/we n are grounds for termina in my household's incor	understand that false state ation of housing assistance me and family composition	ements or inforr and termination must be report	mation are punis n of tenancy. As ed, in writing, to	hable under Fed an applicant/pa PMHA within 30	eral law. I/we rticipant of the days of when	
SIGNATURE (DF HEAD OF HOUSEHOLD	DATE	SIGNATURE	OF SPOUSE/CO	D-HEAD	DATE		
SIGNATURE (OF OTHER ADULT MEMBER	DATE	SIGNATURE (OF OTHER ADI	JLT MEMBER	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.

DATE

SIGNATURE OF OTHER ADULT MEMBER

DATE

SIGNATURE OF OTHER ADULT MEMBER