

Syracuse Housing Authority Section 8 Personal Declaration Form

| | | | |
|----------------------|-------------|------------|--------|
| Last Name of Tenant: | First Name: | Phone No.: | Email: |
| Address | | | |

YOU MUST PROVIDE VERIFICATION DOCUMENTATION

Household Information: Please list **ALL** people living in your household.

| Name First, Middle Initial, Last | What is this Person's relationship to you? | Date of Birth (Mo./Day/Year) | Social Security Number | Is this person in school, grades | | Is this person attending College | |
|-------------------------------------|--|---------------------------------|---------------------------|-------------------------------------|----|--|----|
| | | | | K-12? | | Full Time? | |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |
| | | | | Yes | No | Yes | No |

Earned Income Is anyone living with you (you, spouse, other adult, children) currently employed? **yes** **no**

| | | | | |
|---|--------------|-----------|--------------|---------|
| 1. Name of household member employed | | | | |
| Name of Employer | | | Start Date | |
| Hourly rate: | Paid: weekly | bi-weekly | semi monthly | monthly |
| Part time, full time, seasonal, day rate | | | | |
| 2. Name of household member employed | | | | |
| Name of Employer | | | Start Date | |
| Hourly rate: | Paid weekly | bi-weekly | semi monthly | monthly |
| Part time, full time, seasonal, day rate | | | | |
| 3. Name of household member employed | | | | |
| Name of Employer | | | Start Date | |
| Hourly rate: | Paid weekly | bi-weekly | semi-monthly | monthly |
| Part time, full time, seasonal, day rate | | | | |

Flip over →

Unearned Income: Does anyone in your family (you, spouse, other adult, children) have any other income?

TANF: Temporary Assistance
(SSI)
(Social Security/SSD) Survivor
Benefits
Self Employment
Cash, gifts, help from family

Child Support / Alimony
Worker's Compensation
Interest, Annuities, IRA
Veteran's Benefits
Railroad Retirement
Life Insurance

Unemployment
State Disability benefits
Military Allotment
Payments from real or
personal property
OTHER

| Who receives this Income? | Relationship to YOU | Type of Income (from list above) | Source of income | Dates income received (mm/yy to mm/yy) | Monthly amount received |
|---------------------------|---------------------|----------------------------------|------------------|--|-------------------------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

1. Have you ever used a different social security number? Yes No
2. Do you have a bank account? Yes No Checking Savings Retirement
3. Do you have any assets totaling \$5000.00 or more? Yes No
4. Do you have child care expenses? Yes No (If yes, Bring in DSS Day Care Parent Fee Letter)
5. Do you have out of pocket medical expenses? Yes No (Elderly/Disabled Only, If yes, provide
6. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

Timely Report Changes: I understand that I am required to give True and Complete information and report TIMELY to SHA within 30 days any new income or change in household composition or family size as defined in 24 CFR § 982.551.

Verification Documentation: I understand that in addition to this form and to be in compliance with timely reporting, any reported change in income or household composition MUST be accompanied by verification documentation or other information in accordance with 24 CFR 982.551(b)(2)(3) that the SHA or HUD determines necessary in the administration of HCV programs reexamination or an interim reexamination of family income and composition.

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I understand that an applicant or HCV recipient must not knowingly: 1. Make a false statement to the SHA [Title 18 U.S.C. Section 1001]; 2. Provide incomplete or false information to the PHA [24 CFR 982.551(b)(4) Commit fraud or make false statements in connection with an application for assistance or with reexamination of income [24 CFR 982.551 (k)]. **Everyone 18 and older must sign below.**

Head of Household Signature _____ Date _____

Spouse/Other Member Signature _____ Date _____

Other Member Signature _____ Date _____

Other Member Signature _____ Date _____