

## PERSONAL DECLARATION

La Autoridad de Viviendas de Reno se ha comprometido a ofrecer accesibilidad a sus programas y actividades para todos los clientes elegibles, inclusive para aquellas personas limitadas en sus habilidades del manejo del idioma Ingles. Por favor informe a nuestro personal si requiere otra forma diferente de comunicación que no sea verbal o por escrito en ingles.

This form must be completed **IN YOUR OWN HANDWRITING**. You must use the correct legal name for each member of your household as it appears on their social security card. **PLEASE PRINT**. All adult members of the household must sign the back of this form, certifying the information pertaining to them

**1. HOUSEHOLD COMPOSITION:** List ALL persons who are living in your home, with head of household first, other adults, then children. **If you need additional room, please print information on blank paper and attach.** H/H = **Head of household**

(Legal Name as it appears on Social Security Card)	Relation-ship to H/H	Social Security Number and Date of Birth	Disabled Yes or No	If student, school name	Name and address of minor's absent parent
	H/H				
					Name
					Address
					Name
					Address
					Name
					Address
					Name
					Address
					Name
					Address

**2. PROGRAM INTEGRITY INFORMATION** – Circle YES or NO and give details, if applicable.

1. Do you expect anyone to move in or out of your household?	YES	NO
2. Does anyone else live with you now who is not listed in the household composition section of this form?	YES	NO
3. Is any member of your household over the age of 18 attending school?	YES	NO
4. Has any member of your household ever used a social security number other than the one listed above? <b>If yes, what is it?</b> _____	YES	NO
5. Have you or has anyone in your household ever been convicted of the manufacture or production of methamphetamines (speed) on the premises of public or assisted housing? <b>If yes, who?</b> _____ When? _____ What? _____	YES	NO
6. Have you ever been convicted of a crime other than a traffic violation? <b>If yes, what?</b> _____ Year? _____	YES	NO
7. Are any household members required to register as a sex offender? <b>If yes, who?</b> _____	YES	NO

**3. YOUR CURRENT MONTHLY EXPENDITURES**

Rent	\$	Phone	\$	Medical	\$	Credit Card	\$	
Electric	\$	Auto Payment	\$	Cable	\$	Credit Card	\$	
Gas	\$	Auto Ins.	\$	Insurance	\$	Loan	\$	
Water	\$	Child Care	\$	Rentals	\$	Other	\$	
Do any household members have any other regular monthly payments besides those above?							YES	NO
<b>If yes, Specify</b> _____								
<b>Does the household have out of pocket medical expenses?</b>							YES	NO
Is anyone outside your household paying any of these bills? <b>If yes, Amount \$</b> _____							YES	NO

**4. ASSETS** – Circle YES or NO and give details, if applicable.

1. Does anyone in your household own or have an interest in any real estate, boat and/or mobile home?	YES	NO
2. Is anyone in your household retaining personal property (coin collection, antiques, etc.) as an investment? <b>If yes, details:</b> _____	YES	NO
3. Does anyone in your household own any stocks, bonds, treasury bills, certificates of deposit or money market funds?	YES	NO
4. Are there any retirement funds (IRA, 401k, annuities, etc.) available to your household? <b>If yes, company name and address:</b> _____	YES	NO
5. Are there any trust funds available to your household? <b>If yes, trust fund name and address:</b> _____	YES	NO
6. Does anyone in your household have a checking account?	YES	NO
7. Does anyone in your household have a savings account?	YES	NO
8. Has anyone in your household sold, disposed of, or otherwise transferred any assets for less than fair market value within the past two years? <b>If yes, details:</b> _____	YES	NO
9. Does anyone in your household have a whole life insurance policy? <b>If yes, Policy #</b> _____ Insurance Company name & address _____	YES	NO

**Turn over and complete balance of form**

**5. TOTAL HOUSEHOLD INCOME** - List all money earned or received by **everyone** living in your household.

Source of Income	Income	Name of Family Member(s)
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Self-employed	\$	
Unemployment	\$	
TANF	\$	
Food Stamps	\$	
Child Support for _____	\$	
Spousal Support	\$	
Military pay	\$	
Pension, retirement, Annuity, etc.	\$	
Social Security	\$	
SSI – Supplemental Security Income	\$	
SSD – Social Security Disability	\$	
Disability Payments - NOT through Social Security	\$	
Scholarships/Financial Aid	\$	
Cash contributions from someone outside household	\$	
Other (source: _____)	\$	
<b>Earned Income of Minor</b>		
Name:	Source:	\$
Name:	Source:	\$

**6. ALLOWABLE EXPENSES – Child Care, for household members under the age of 13**

Child care provider's name:	Phone:
Complete mailing address:	
Amount paid by family per week: \$	Number of children cared for:
Cost of childcare per week: \$	

I certify that the information given to the Reno Housing Authority (RHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to RHA all changes in family composition, income, assets, and expenses of any family member(s) within thirty calendar (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of RHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance. I further acknowledge the following warning:

**WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.**

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or Co-Tenant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_