

PERSONAL DECLARATION

(Application)

Date: _____

Time: _____

Emp: _____

INSTRUCTIONS: This form must be signed by all adults in the household. Failure to complete this form will result in delays in processing the application. The information you give must be accurate and complete to the best of your knowledge. Please print clearly.

NOTE: All questions on this form must be completed in order for it to be accepted.

Applicant Information

LAST NAME FIRST NAME MI SOC. SEC. NUMBER

BIRTH DATE BIRTH PLACE / CITY, STATE DRIVER'S LIC #/ STATE

ADDRESS, CITY, STATE, & ZIP

GENDER: ☐ Male ☐ Female DISABLED: ☐ Yes ☐ No HANDICAPPED: ☐ Yes ☐ No

EMPLOYMENT STATUS: ☐ Student ☐ Self –Employed ☐ Employed ☐ Retired ☐ Unemployed

MARITAL STATUS: ☐ Single ☐ Separated ☐ Married ☐ Widowed ☐ Divorced

In case of emergency, contact:

NAME OF FRIEND/RELATIVE HOME # WORK #

ADDRESS-CITY-STATE-ZIP CODE OF FRIEND/RELATIVE RELATIONSHIP

A. OTHER ADULTS IN HOUSEHOLD: (List children in part B.)

1. _____
LAST NAME FIRST NAME SOC. SEC. NUMBER

DRIVERS LIC STATE & NO. BIRTHDATE BIRTHPLACE (CITY/STATE)

RELATIONSHIP TO APPLICANT GENDER: ☐ Male ☐ Female DISABLED: ☐ Yes ☐ No
HANDICAPPED: ☐ Yes ☐ No

EMPLOYMENT STATUS: ☐ Student ☐ Self –Employed ☐ Employed ☐ Retired ☐ Unemployed

MARITAL STATUS: ☐ Single ☐ Separated ☐ Married ☐ Widowed ☐ Divorced

If you are separated or divorced, complete this section for SPOUSE or EX-SPOUSE:

LAST NAME FIRST NAME SOC. SEC. NUMBER BIRTHDATE

ADDRESS, CITY, STATE, & ZIP

B. CHILDREN IN THE HOUSEHOLD: List all children who stay with you.

1. _____
LAST NAME FIRST NAME MI RELATIONSHIP TO APPLICANT

GENDER: ☐ Male ☐ Female _____
SOC. SEC. NUMBER BIRTHDATE BIRTHPLACE (CITY/STATE)

SCHOOL NAME ADDRESS

MOTHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

FATHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

2. _____
LAST NAME FIRST NAME MI RELATIONSHIP TO APPLICANT

GENDER: ☐ Male ☐ Female _____
SOC. SEC. NUMBER BIRTHDATE BIRTHPLACE (CITY/STATE)

SCHOOL NAME ADDRESS

MOTHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

FATHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

3. _____
LAST NAME FIRST NAME MI RELATIONSHIP TO APPLICANT

GENDER: ☐ Male ☐ Female _____
SOC. SEC. NUMBER BIRTHDATE BIRTHPLACE (CITY/STATE)

SCHOOL NAME ADDRESS

MOTHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

FATHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

4. _____
LAST NAME FIRST NAME MI RELATIONSHIP TO APPLICANT

GENDER: ☐ Male ☐ Female _____
SOC. SEC. NUMBER BIRTHDATE BIRTHPLACE (CITY/STATE)

SCHOOL NAME ADDRESS

MOTHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

FATHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

5. _____
 LAST NAME FIRST NAME MI RELATIONSHIP TO APPLICANT

GENDER: ☐ Male ☐ Female _____
 SOC. SEC. NUMBER BIRTHDATE BIRTHPLACE (CITY/STATE)

 SCHOOL NAME ADDRESS

 MOTHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

 FATHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

6. _____
 LAST NAME FIRST NAME MI RELATIONSHIP TO APPLICANT

GENDER: ☐ Male ☐ Female _____
 SOC. SEC. NUMBER BIRTHDATE BIRTHPLACE (CITY/STATE)

 SCHOOL NAME ADDRESS

 MOTHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

 FATHER'S NAME SOC. SEC. NUMBER BIRTH DATE ADDRESS

C. FOSTER CHILDREN

Is anyone living in your home a foster child? ☐ Yes ☐ No
 If yes, list complete name for each foster child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

 Student's Name Name and Address of School

 Student's Name Name and Address of School

 Student's Name Name and Address of School

E. WORKING: Is anyone working or expecting to work in the next 6 months? ☐ Yes ☐ No

Family Member's Name	Occupation	Gross Wages Per Month
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Employer's Name	Address	City, State, Zip	Phone No.	Fax No.
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Do you receive any of the following:

Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Employment

Family Member's Name	Occupation	Gross Wages Per Month
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Employer's Name	Address	City, State, Zip	Phone No.	Fax No.
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Do you receive any of the following:

Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who receives and amount received monthly.

Income	Yes	No	Who Receives	Monthly Amount
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Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>		
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TANF / FITAP	<input type="checkbox"/>	<input type="checkbox"/>		
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TANF/FITAP or Food Stamp Worker			DSS Office Address-City, State	
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Social Security	<input type="checkbox"/>	<input type="checkbox"/>		
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Child Support	<input type="checkbox"/>	<input type="checkbox"/>		
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SSI	<input type="checkbox"/>	<input type="checkbox"/>		
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Unemployment	<input type="checkbox"/>	<input type="checkbox"/>		
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Voluntary support	<input type="checkbox"/>	<input type="checkbox"/>		
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State Disability	<input type="checkbox"/>	<input type="checkbox"/>		
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Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>		
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Grants/ Scholarships	<input type="checkbox"/>	<input type="checkbox"/>		
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Work Study	<input type="checkbox"/>	<input type="checkbox"/>		
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Training	<input type="checkbox"/>	<input type="checkbox"/>		
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Retirement / Pension	<input type="checkbox"/>	<input type="checkbox"/>		
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Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>		
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Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>		
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Alimony	<input type="checkbox"/>	<input type="checkbox"/>		
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G. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? ☐ Yes ☐ No

H. Do you employ the services of a Child Care Provider for a child 12 years or under or for a disabled person?

☐ Yes ☐ No If yes, complete the following:

Child Care Provider and Address Amount Paid _____

Weekly or Monthly (Circle One)

I. Does anyone receive contributions, gifts, or loans from any source? ☐ Yes ☐ No

If yes, complete the following:

Item Received	Value of Item	Who Gives the Item
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J. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc. anywhere?

☐ Yes ☐ No If yes, complete the following:

Type	Address	Estimated Value
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K. RESOURCES: Does anyone, including children, have any of the following resources? Check yes or no for each item. If yes, list who and amount.

Item	Yes	No	Who	Amount
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• Cash ☐ ☐ _____

• Checking Account(s) ☐ ☐ _____

How many Checking accounts do you have? _____

• Savings Account(s) ☐ ☐ _____

How many Savings accounts do you have? _____

• Life insurance policy ☐ ☐ _____

• Trust Funds ☐ ☐ _____

• Stocks or Bonds ☐ ☐ _____

• Certificates of _____

Deposit or ☐ ☐ _____

Money Market Account ☐ ☐ _____

• Notes, Mortgages, _____

or Deeds ☐ ☐ _____

• Retirement Accounts ☐ ☐ _____

• Deferred Compensation ☐ ☐ _____

• Safe Deposit Box ☐ ☐ _____

• Real Estate ☐ ☐ _____

• Other: Explain: ☐ ☐ _____

If yes to any items above, complete the following:

Type of Resource	Current Value	Name & Address of Institution	Account Number
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L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? ☐ Yes ☐ No

Type	License #	State	Year	Make and Model
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M. Has anyone on this application ever been arrested or detained by the police for a crime (other than traffic violations)? ☐ Yes ☐ No

If yes, who? _____

Describe criminal activity (conviction/pending): _____

N. Have you or any other household member lived in Section 8 Housing or Public Housing? ☐ Yes ☐ No

If yes, give the details:

O. Have you ever committed any fraud in any Section 8 Housing or Public Housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No If yes, explain:

P. Have you or any other adult member ever used any name(s) / social security number(s) other than the one you have listed? ☐ Yes ☐ No If yes, explain:

Q. Have you or any other adult member sold any business or asset in the last 2 years for less than its full value? ☐ Yes ☐ No If yes, explain:

R. Are there any children 7 years and under who have an elevated blood level of lead? ☐ Yes ☐ No

S. Do you have a live-in aide? ☐ Yes ☐ No If yes, complete the following:

Name	Social Security #
Do you pay for this service yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:

V. MEDICAL EXPENSES – ELDERLY, HANDICAPPED, OR DISABLED FAMILIES ONLY

If the head of the household or the spouse of the head of household is; a) 62 years or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy	Address	City/State/Zip
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Race [<input type="checkbox"/>]	1 – White	3 – Amer. Indian/ Alaskan Native
	2 – Black or African/American	4 – Asian/ Pacific Islander
<hr/>		
Ethnicity [<input type="checkbox"/>]	1 – Hispanic	2 – Non-Hispanic

**PUBLIC HOUSING PROGRAM
TENANCY HISTORY / INFORMATION SHEET**

NAME _____ HOME PHONE _____

Check one:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you visually impaired? (optional) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you hearing impaired? (optional) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does anyone in your family need a wheelchair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Will you have any pets? (There is a pet deposit.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please describe: _____

5. Has anyone on this application ever been evicted from a rental unit within the last 5 years?

Yes ☐ No ☐

If yes, give date, address and reason why: _____

Below please list your residence history for the past (5) years, from present back. Use additional paper if necessary.

1) PRESENT ADDRESS: _____

STREET CITY/STATE ZIP CODE

DATES FROM: _____ DATE TILL: _____

NAME OF OWNER / MANAGEMENT COMPANY TELEPHONE # FAX #

STREET ADDRESS OF OWNER / MANAGEMENT COMPANY CITY / STATE ZIP CODE

2) PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

DATES FROM: _____ DATE TILL: _____

NAME OF OWNER / MANAGEMENT COMPANY TELEPHONE # FAX #

STREET ADDRESS OF OWNER / MANAGEMENT COMPANY CITY / STATE ZIP CODE

3) PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

DATES FROM: _____ DATE TILL: _____

NAME OF OWNER / MANAGEMENT COMPANY TELEPHONE # FAX #

STREET ADDRESS OF OWNER / MANAGEMENT COMPANY CITY / STATE ZIP CODE

4) PRESENT ADDRESS: _____

STREET CITY/STATE ZIP CODE

DATES FROM: _____ DATE TILL: _____

NAME OF OWNER / MANAGEMENT COMPANY TELEPHONE # FAX #

STREET ADDRESS OF OWNER / MANAGEMENT COMPANY CITY / STATE ZIP CODE

5) PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

DATES FROM: _____ DATE TILL: _____

NAME OF OWNER / MANAGEMENT COMPANY

TELEPHONE #

FAX #

STREET ADDRESS OF OWNER / MANAGEMENT COMPANY

CITY / STATE

ZIP CODE

FINANCIAL OBLIGATIONS, IF APPLICABLE (i.e. Car payments, Loans, Bills, etc.)

PAYMENTS TO:

AMOUNT PER MONTH

PAYMENTS TO:

AMOUNT PER MONTH

1) _____ \$ _____

4) _____ \$ _____

2) _____ \$ _____

5) _____ \$ _____

3) _____ \$ _____

6) _____ \$ _____

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to criminal, civil, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside HUD, except as permitted or required by law.

You must provide all information requested by the public housing agency, including all social security numbers you, and all your household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency: the US Housing Act of 1937 (42 USC, 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 USC 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

Read and Initial []

APPLICANT / TENANT CERTIFICATION & NOTICE

I / We certify that the information* given to the Ruston Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I / We understand that false statements or information are punishable under Federal law. I / we also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by this PHA, the information will be submitted to HUD on Form HUD-50058 (a computer-generated Tenant Data Summary. See the Federal Privacy Act Notice for more information about its use.)

WARNING!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATE THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all information above about me and my household members or income must be reported to the Public Housing Authority IN WRITING immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of Louisiana that the information contained in this statement of facts is true, correct, and complete.

I certify that the above information is complete and accurate. I hereby authorize the Ruston Housing Authority to verify any information regarding rental history or criminal activity, including obtaining a consumer investigative credit report.

ALL ADULT MEMBERS MUST SIGN THIS FORM.

Signature of Head of Household	Date
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Signature of Other Adult Member _____ Date _____

Signature of Other Adult Member	Date
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Signature of Other Adult Member	Date
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PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE
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I certify that:

- The information given to the Ruston Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
- The family was eligible at admission; and
- The family has certified that it has given our agency accurate and complete information.

PHA Official or Representative FILE NAME	SOCIAL SECURITY #	Date
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CONSENT: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing program. I understand that HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signatures:

_____	_____	_____
Head of Household	Social Security #	Date

_____	_____	_____
Spouse or other member over 18	Social Security #	Date

_____	_____	_____
Other member over 18	Social Security #	Date

Penalties for misusing this consent: HUD, the HA, or the owner, may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible of the unauthorized disclosure or improper use.