

# **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  
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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  
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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  
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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

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**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 \_\_\_\_\_

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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): \_\_\_\_\_

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

If yes, give the details:

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**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:

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**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:

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**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:

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

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**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:

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**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 #
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STREET ADDRESS OF OWNER / MANAGEMENT COMPANY	CITY / STATE	ZIP CODE
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- 2) PREVIOUS ADDRESS: \_\_\_\_\_

STREET	CITY/STATE	ZIP CODE
DATES FROM: _____ DATE TILL: _____		

NAME OF OWNER / MANAGEMENT COMPANY	TELEPHONE #	FAX #
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STREET ADDRESS OF OWNER / MANAGEMENT COMPANY	CITY / STATE	ZIP CODE
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- 3) PREVIOUS ADDRESS: \_\_\_\_\_

STREET	CITY/STATE	ZIP CODE
DATES FROM: _____ DATE TILL: _____		

NAME OF OWNER / MANAGEMENT COMPANY	TELEPHONE #	FAX #
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STREET ADDRESS OF OWNER / MANAGEMENT COMPANY	CITY / STATE	ZIP CODE
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- 4) PRESENT ADDRESS: \_\_\_\_\_

STREET	CITY/STATE	ZIP CODE
DATES FROM: _____ DATE TILL: _____		

NAME OF OWNER / MANAGEMENT COMPANY	TELEPHONE #	FAX #
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STREET ADDRESS OF OWNER / MANAGEMENT COMPANY	CITY / STATE	ZIP CODE
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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 [ ]**



<b>APPLICANT / TENANT CERTIFICATION &amp; NOTICE</b>
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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.**

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Signature of Head of Household
Date

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

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Signature of Other Adult Member	Date
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Signature of Other Adult Member	Date
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<b>PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE</b>
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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.