

## PRE-APPLICATION

# HOUSING AUTHORITY OF GLASGOW-- PERSONAL DECLARATION

**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. All adult members of the household must sign on the reverse side certifying the information pertaining to them is correct. I understand giving false or incorrect information will terminate my application. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority at 270-651-3859. The Housing Authority of Glasgow does not discriminate against applicants because of race, color, sex, handicap, age, family status or national origin.

**PLEASE PRINT ALL INFORMATION.**

**Are you or have you recently applied for either:** Public Housing \_\_\_\_\_ or Section 8/HCV \_\_\_\_\_, **When:** \_\_\_\_\_

**NAME OF HEAD OF HOUSEHOLD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **YOUR CELL/HOME PHONE NUMBER:** \_\_\_\_\_

**DO YOU CURRENTLY OWN OR RENT?** \_\_\_\_\_ \* **HAVE YOU OR OTHER ADULTS LIVED OUT OF THE STATE OF KY**

**IN LAST 5 YEARS?** \_\_\_\_\_ **IF YES WHO?** \_\_\_\_\_ **AND WHERE?** \_\_\_\_\_

**1. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER LIVED IN A HOUSING AUTHORITY OF GLASGOW APT. OR ANY ASSISTED HOUSING/SECTION 8/VOUCHER/HUD?** \_\_\_\_\_ **IF YES, WHEN & WHERE:** \_\_\_\_\_

**UNDER WHAT NAME:** \_\_\_\_\_

**2. HAVE YOU OR ANY FAMILY MEMBER PARTICIPATED IN A FAMILY SELF-SUFFICIENCY PROGRAM AT ANOTHER HOUSING AGENCY?** \_\_\_\_\_ **IF YES, WHERE:** \_\_\_\_\_

**3. HAVE YOU OR ANY FAMILY MEMBER PARTICIPATED IN THE EARNED INCOME DISALLOWANCE (EID)/RENT "FREEZE" PROGRAM AT ANOTHER HOUSING AGENCY?** \_\_\_\_\_ **IF YES, WHERE:** \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION:** List all persons who will be living/staying in your home, listing head of household first.

LIST ALL ADULTS IN HOUSEHOLD (First, <u>Middle Initial</u> , Last)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M), WIDOWED (W), SEPARATED (S), DIVORCED (D) OR SINGLE (G)
				Year:
				Year:
				Year:
				Year:

LIST ALL CHILDREN IN HOUSEHOLD (Name as it appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	CHILD'S SOCIAL SECURITY NUMBER	SCHOOL NAME	ABSENT PARENT'S NAME & ADDRESS

**Do you have PRIMARY custody of ALL children listed?** \_\_\_\_\_ **If no, who has custody:** \_\_\_\_\_

**Do you have a copy of the custody papers?** \_\_\_\_\_ **Explain:** \_\_\_\_\_

List name and address of spouse/ex-spouse/significant other, if **not** in household.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**II. TOTAL HOUSEHOLD INCOME:** List all monies earned or received by everyone in your household. This **includes but IS NOT limited to** wages, self-employment, child support, contributions, Social Security, disability (SSI), Workman's Compensation, retirement benefits, KTAP, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, or any other sources of income.

Household Member Name With Income	Employer Name	Gross Weekly Wages	K-TAP AMOUNT	Child Support Monthly	Social Security/ SSI Amt.	Unemployment Benefits Amount	All Other Income	Food Stamps (SNAP)

**III. ASSETS:** If you answer yes to any of the following, please explain below. Do you or any household member own or have an interest in any home, mobile home, property? \_\_\_\_\_. Have you sold any real estate in the last two (2) years? \_\_\_\_\_. Do you own any stocks, bonds, or investments **over \$5,000**? \_\_\_\_\_. Do you have a checking account **over \$5,000**? \_\_\_\_\_, savings account over **\$5,000** \_\_\_\_\_, or Certificates of Deposit (CD) over **\$5,000**? \_\_\_\_\_. If yes, give name of bank: \_\_\_\_\_

Do you have/own/borrow a vehicle? \_\_\_\_\_ Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_  
 Do you have/own/borrow a second vehicle? \_\_\_\_\_ Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_  
 How much is paid for vehicle insurance? \_\_\_\_\_ How much is the car payment on the vehicle(s)? \_\_\_\_\_  
 If you do not own a vehicle, how did you arrive at the Housing office? \_\_\_\_\_  
 Do you pay child care? \_\_\_\_\_ If yes, who do you pay/amount? \_\_\_\_\_

- Does anyone outside your household pay any of your bills or give you money? \_\_\_\_\_. If yes, please explain: \_\_\_\_\_
- Have you or any other adult member ever used any other name(s) or social security number other than the one you are currently using? \_\_\_\_\_. (This includes *maiden* names or other married names-please list each name) \_\_\_\_\_
- Have you or anyone in your household ever been charged with, arrested for, or convicted of any crime? If yes, explain below (include traffic violations, bad checks, DUI's, PI's, etc. even if dismissed) **You must list everything.**  
 Head: \_\_\_\_\_  
 Other Adult: \_\_\_\_\_  
 Other Adult: \_\_\_\_\_
- Have you or anyone in your household ever been listed as a sex offender? \_\_\_\_\_. If yes, who and what state? \_\_\_\_\_ Currently Listed? \_\_\_\_\_
- Have you ever committed fraud? \_\_\_\_\_. If yes, explain: \_\_\_\_\_
- Have you ever misrepresented information to receive assistance in any program? \_\_\_\_\_. If so, what program and how much? \_\_\_\_\_. Did you pay back the assistance (make restitution)? \_\_\_\_\_
- Will any person on your lease require a reasonable accommodation? \_\_\_\_\_ YES, \_\_\_\_\_ NO. If yes, please explain: \_\_\_\_\_  
 Is this a temporary request? \_\_\_\_\_

I do hereby swear and attest that all of the information provided above is true and correct. I also understand that **all changes** in income of any member of the household as well as **all changes** in household members must be reported **IMMEDIATELY** to the Housing Authority office in **WRITING**. I further authorize the Housing Authority of Glasgow to obtain employment information, my current address or other information upon my moving out for the purpose of forwarding any deposit refund and/or move out invoice and for collecting any unpaid move out charges.

**(THIS FORM MUST BE SIGNED IN FRONT OF A HOUSING REPRESENTATIVE)**

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

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

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

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

**I Have Reviewed Personal Declaration for Completeness by: (Initial of HAG Rep.)** \_\_\_\_\_

**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.