

HOUSING AUTHORITY OF GLASGOW PERSONAL DECLARATION

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

Program: **Public Housing** _____ **Section 8 HCV** _____

NAME (S): _____ DATE: _____

CURRENT ADDRESS _____

CITY, STATE, ZIP: _____ YOUR PHONE NUMBER: _____

CELL PHONE: _____ DAYTIME PHONE: _____

DO YOU RENT? _____ DO YOU OWN A HOME? _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER LIVED IN A HOUSING AUTHORITY OF GLASGOW APARTMENT? _____

YES, WHEN & WHERE: _____ UNDER WHAT NAME: _____

HAVE YOU OR ANYONE IN YOUR FAMILY LIVED IN ANY ASSISTED HOUSING? _____

IF YES, WHEN AND WHERE: _____ UNDER WHAT NAME: _____

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.
PLEASE PRINT ALL INFORMATION.

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

LIST ALL ADULTS IN HOUSEHOLD (First, Middle Initial, 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

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

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

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, K-TAP, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony and any other sources of income.

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

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 real estate, boat and/or mobile home? _____. Have you sold any real estate in the last two (2) years? _____. Do you own any stocks, bonds, or investments? _____. Do you have a checking account, savings account or Certificates of Deposit (CD)? _____. If yes, give name of bank, account numbers and amounts: _____
 Do you own a vehicle? _____ Model/Year _____ Tag No. _____
 Do you own a second vehicle? _____ Model/Year _____ Tag No. _____
 If you do not own a vehicle, how did you arrive at the Housing office? _____

- 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 any member lived in **any** type of assisted housing? _____. If yes, list when and where and under what 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.) You must list everything.** _____
- 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**.

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

Signature, Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature/Initial of Housing Representative Date

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.

Pre-application