



375 W. 37th St., Suite 200, Loveland, CO 80538
 (970) 667-3232 (970) 667-2860 Fax
 TDD (970) 667-3293

PERSONAL DECLARATION

Address: _____
Street Address, City, State, Zip

Phone #: _____ Email: _____

HOUSEHOLD COMPOSITION: List all persons who will be living in your home beginning with head of household and other adults first. You must use the correct legal name for each member as it appears on their social security card.

ADULTS (AGE 18 & OVER) – Legal Name	SEX Optional (M or F)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD (HoH)	RACE (Indicate # below)	ETHNICITY 1-Hispanic or Latino 2-Not-Hispanic or Latino
1)				Self		
2)						
3)						

RACE NUMBERS: 1-White, 2-Black or African American, 3-American Indian or Alaska Native, 4-Asian, 5-Native Hawaiian or Other Pacific Islander, 6-Other

CHILDREN – Legal Name	SEX Optional (M or F)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD (HoH)	RACE (Indicate # below)	ETHNICITY 1-Hispanic or Latino 2-Not-Hispanic or Latino
1)						
2)						
3)						
4)						
5)						
6)						

RACE NUMBERS: 1-White, 2-Black or African American, 3-American Indian or Alaska Native, 4-Asian, 5-Native Hawaiian or Other Pacific Islander, 6-Other

If applicable, on all household members listed above (under Relationship to HoH), please indicate by letter if they are:
 L=Live-in Aide
 F=Foster Child/Foster Adult
 M-US Military Veteran
 P=Because of Presidentially Declared Disaster, tenant living in unit temporarily.

Are you or anyone else over the age of 18 in your household a full-time or part-time student? Yes or No

INCOME

EMPLOYMENT: (Sign applicable Employment, Self-Employment or Affidavit of Non-Employed Status verification(s).

List ALL Full and/or Part-time employment for each household member who is 18 years or older.

NAME	EMPLOYER	ADDRESS	PHONE	GROSS PAY	*HOW OFTEN PAID
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____

*biweekly (26 times a year), or twice a month (24 times a year), or monthly

Does anyone outside of your household pay for any of your bills or give you money? **Y** or **N** If yes, please explain. You may have to get a note from this person indicating the date, amount of monthly assistance, their name, and phone number.

OTHER INCOME:

Do you or anyone living in your household receive any of the following: **Written verification is required.**

	AMOUNT	*HOW OFTEN	
TANF (Temporary Aid for Needy Families)			(Sign Social Services Verification)
FOOD STAMPS AND (Disability)			(Not counted as income; no need to verify) (Sign Social Services Verification)
OLD AGE PENSION (OAP)			(Sign Social Services Verification)
SOCIAL SECURITY- Note: if your dependent receives Social Security or SSI, you must report that as well			(Sign Social Security Verification) EIV or Award Letter
SSI (SUPPLEMENTAL SECURITY)			(Sign Social Security Verification) EIV or Award Letter
PENSION			Verification Requested
VETERANS BENEFITS			Verification Requested
CHILD SUPPORT			Family Support Registry (Y or N) Number _____ (FSR sign Social Services Verification or Sign applicable Child Support Income or Child Support None Verifications); if paid directly to you, absent parent info will be needed.
ALIMONY			Verification Required
UNEMPLOYMENT BENEFITS			Award Letter
WORKERS' COMPENSATION			Verification Required
SCHOLARSHIP/GRANTS			Are you a Fulltime Student? Y or N If yes, where? (Give verification of grants & Sign Affidavit of Non-Employed Status if applicable)
OTHER (i.e. LEAP, etc.)			(LEAP not counted as income; no need to verify)

ASSETS (AFFECT INCOME):

(Sign Banking Verification(s).

Checking Account # _____ Name of Bank _____
Address _____
Savings Account # _____ Name of Bank _____
Address _____
Certificates Name of Bank _____
Address _____
Stocks/Bonds Value \$ _____
Life Insurance Name/Address of Company _____

Do you now own real estate? Y or N. If yes, state value _____. Where is property located? _____
Have you sold any real estate in the last two years? Y or N
Have you disposed of assets in the last two years for less than fair market value? Y or N

MISCELLANEOUS:

Do you have a vehicle? Y or N. Make _____ Model _____ Year _____

Have you lived in any other state, besides Colorado? _____
Need state and county

Are you currently lacking a fixed nighttime residence (includes emergency shelter or exiting institution where one temporarily dwelled) Y or N or are you fleeing/attempting to flee violence (including domestic/dating violence, sexual assault, stalking or any violent life-threatening act) Y or N

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Y or N. If yes, please explain.

Have you or any member received any previous Federal housing assistance? Y or N If yes, list where and when.
Do you still owe money? Y or N If yes, how much? _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Y or N If yes, please explain.

Are you or anyone in your household subject to a lifetime state sex offender registration program in any state? Y or N

Have you or anyone in your household ever been convicted of any crime other than traffic violations? Y or N If yes, explain below.

ALLOWANCES:

CHILDCARE EXPENSES (must be under 13/yrs old): (Sign Child Care Expense or Social Services Verification(s).

Such care is necessary to enable a family member to actively seek employment (evidence required), be gainfully employed, or to further his/her education and only to the extent such amounts are not reimbursed.

NAME OF CHILD CARE PROVIDER ADDRESS PHONE

Cost per week? _____ or per month? _____

If you receive CCAP or other assistance to pay childcare, indicate your out-of-pocket expense. _____
per week or month (circle one)?

MEDICAL EXPENSE ALLOWANCE(S): (Sign Medical Payment Plan or Prescription Drug Verification(s).

Continue only if you are age 62 or older, disabled or handicapped, and the following applies. The Department of Housing and Urban Development (HUD) has issued regulations governing medical expenses. All medical deductions will cover only **ONGOING, ANTICIPATED OUT-OF-POCKET** medical expenses (balance of what your **INSURANCE DOES NOT PAY**). If you meet this definition, and are the head of household, spouse, or co-head, you get to write off medical expenses for certain subsidized housing programs. This includes all medical expenses for all family members in the household.

Allowable medical deductions include, but are not limited to

- doctor verified office visits
- treatments
- x-rays
- eye exams
- cost of glasses
- prescribed medicine taken on an on-going basis
- over-the-counter medication that is doctor-prescribed
- hearing aids and batteries
- home health care allowances
- health insurance premiums

1. The above allowance only assists you if your out-of-pocket medical expenses EXCEED 3% of your annual gross income. Do they exceed 3% Y or N **YOU DO NOT HAVE TO PROCEED WITH THE QUESTIONS BELOW IF YOUR ANSWER IS “NO”. PLEASE SIGN THE BOTTOM**

2. Are you receiving medical benefits? Y or N

3. Do you have a Medicare-Approved Drug Discount Card? Y or N If yes, what is the value \$_____?

4. Do you pay any medical insurance? Y or N
If yes, to who, how often, and how much? _____

5. Are you making payments on outstanding medical bills? Y or N
If yes, to who, how often, and how much? _____

6. Do you take prescription drugs on a REGULAR AND ONGOING BASIS? Y or N
If yes, name of Pharmacy _____
Street Address, City, State, Zip _____

APPLICANT/TENANT(S) CERTIFICATION: I/We certify that all information regarding my family size and income is true and complete to the best of my knowledge and belief. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance, or termination of tenancy.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).