

HOUSING CATALYST®
Personal Declaration



Return to: _____

OFFICIAL USE ONLY

- Annual Certification
- Income Change
- Household Change
- Moving

This packet is to be completed in full for *any* changes or recertification.
Please print clearly and be aware all forms must be signed by all adult members of the household.
Complete every section; mark *N/A* if it does not apply to you.

Address _____
 City, State, Zip _____
 PO Box if applicable _____

Phone _____
 Email address _____

LIST ALL OCCUPANTS OF THE ASSISTED UNIT: For children to be subsidized in this household they must be present in the unit for at least 51% of the time.

| Legal Name | Relation to Head of Household | Sex | Age | Race: White/ Black/ Asian/ American Indian/ Pacific Islander | Ethnicity Hispanic? Y-N | Date of Birth | Place of Birth | Social Security # | Full-time Student over age 18? Y-N |
|------------|-------------------------------|-----|-----|---|-----------------------------------|---------------|----------------|-------------------|---------------------------------------|
| | HEAD | | | | | | | | |
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| | | | | | | | | | |

A. FOSTER CHILDREN

List the complete name of any foster children in your family:

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- Documentation of foster care status

B. LIST ALL STUDENTS 18 YEARS OR OLDER

Name of Student

Name of School

Address of School

C. WORKING: Is anyone working or expected to work in the next 6 months?

Yes No

If yes, complete the portion below.

Name Occupation Gross Wages per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following?

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

Name Occupation Gross Wages per Month

Employer's Name Address City, State, Zip Phone

Do you ever receive any of the following?

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

D. SELF EMPLOYED: Is anyone self-employed or does anyone own a business?

Yes No

If yes, complete the portion below:

Based on my previous self-employment activities, I anticipate my income for the next 12 months will be \$_____.

E. Does anyone receive any income from any other source outside your household? For example, does anyone pay any of your bills or give you money on a regular basis?

Yes No If so, please explain.

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Student Aid?

Paystubs on file

3rd Party on file

W2/1099

Earnings Exempt

Paystubs on file

3rd Party on file

W2/1099

Earnings Exempt

Federal Income tax return

Copies of receipts/checks

Self-Employment Worksheet

Verification from source of income

F. INCOME: Does anyone, **including children**, receive or expect to receive money from any source listed below?

| Item | Yes | No | Who | Monthly Amt |
|--------------------------|--------------------------|--------------------------|-------|-------------|
| • Training | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Work Study | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Educational Loans | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Grants, Scholarships | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • T.A.N.F. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • A.N.D. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Unemployment Benefits | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Workers Compensation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Child Support | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Spousal Support | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Social Security / SSDI | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Social Security Income | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Pension/Retirement | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • OAP | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Veteran's Benefits | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Military Pay | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Railroad Retirement | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Interest/Asset | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Rental Property Income | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Second Job | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Other, explain | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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NOTES:

G. ASSETS: 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 |
|-----------------------------|--------------------------|--------------------------|-------|---------|
| • Cash (over \$100) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Checking Account(s) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| | | | | \$_____ |
| • Savings Account(s) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Life Insurance Policy | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Trust Funds | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Stocks or Bonds | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • CD or Money Market | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Notes, Mortgages or Deeds | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Retirement Accounts | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Deferred Compensation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Real Estate | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |
| • Other, Explain | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$_____ |

- 3rd Party on file
- 3rd Party on file
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- 3rd Party on file
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- 3rd Party on file

If yes to any items in Section G, complete the following:

| Type of Resource | Current Value | Name & Address of Institution | Interest Rate % |
|------------------|---------------|-------------------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

H. Have you or any household member listed above ever received benefits under another Social Security number or another name? If so please explain.

I. Does anyone in your family currently own any real estate, such as land, a home, a mobile home, etc? If so please complete the following:

| Type | Address | Estimated Value |
|-------|---------|-----------------|
| _____ | _____ | _____ |

J. Have you or any other adult household member sold any business or assets in the last 2 years for less than its full value? If so please explain:

K. Do you have out of pocket child care expenses for a child age 12 or under and the childcare enables you to work or go to school? If so complete the following:

| | |
|-----------------------|----------------------|
| _____ | Monthly Amount _____ |
| 1) Care Provider Name | |
| _____ | _____ |
| Care Provider Address | Care Provider Phone |
| _____ | _____ |
| 2) Care Provider Name | Monthly Amount _____ |
| _____ | _____ |
| Care Provider Address | Care Provider Phone |

MEDICAL EXPENSES – Elderly or Disabled Families Only

If the head of household or the spouse of the head of household is 62 years of age or older, or 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 your 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.

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NOTES:

3rd Party on file

Market Value _____

Amount Owed _____

Income _____

3rd Party on file

Disposition of proceeds

3rd Party on file

Who pays childcare expenses?

Reasonable Accommodation Form

L. Do you have a live-in aide? If yes complete the following:

| Name | Social Security Number |
|------|------------------------|
|------|------------------------|

M. Have you or any household member listed above ever been convicted of any drug-related criminal activity or is any member of your household a registered sex offender? If so, please explain.

N. Have you or any household member listed above ever been convicted of any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? If so, please explain.

O. Other than current Housing Catalyst rental assistance, have you or any household member lived in rental assisted housing before? If so, please explain.

P. Have you ever committed fraud in any assisted housing program or been asked to repay money to any assisted housing program? If so, please explain.

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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 programs. I understand that HAs 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 and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|--|-------|---------------------------------|-------|
| _____ | _____ | | |
| Head of Household | Date | | |
| _____ | | _____ | _____ |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your 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 you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of 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 for the unauthorized disclosure or improper use.

**HOUSING CATALYST
Participant Responsibilities**

**All adults
please initial:**
↓ ↓

I certify all the information I have provided is accurate in regard to household composition, income, household assets and items for allowances and deductions.

Any changes in household composition including marriage, divorce or separation must be reported in writing to Housing Catalyst within 10 days. This includes anyone moving in or out of the unit or anyone staying for more than two (2) weeks within a one (1) year period.

I certify my assisted unit will be my only residence. I understand I cannot be absent from the unit over thirty (30) days within one (1) year period without written permission from my Housing Specialist. I will not sublet my unit.

I know I am required to cooperate in supplying and verifying all information needed to determine my eligibility, level of benefits and verify my circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing required forms. I must recertify for eligibility at least once a year and permit required inspections.

I must notify Housing Catalyst and my landlord in writing at least thirty (30) days before vacating my unit. Housing Catalyst will not assist me in another unit if I owe any assisted housing program for unpaid rent, utilities, damages and/or promissory notes (or if there are any pending charges).

I understand the address of my unit may not be used by other persons as a mailing address. By allowing this, it will be construed as an unreported person residing in my unit and will be cause for termination of my rental assistance.

- I understand my assistance can be terminated for any of the following:
- Not reporting changes in household composition.
 - Subletting my unit.
 - Lease violations, damage to the unit and/or eviction.
 - Preponderance of evidence of drug related or violent criminal activity by any household member.
 - Any household member threatening abuse or showing violent behavior toward Housing Catalyst personnel.
 - Absence from the unit for more than thirty (30) days in a one (1) year period.
 - Failing to recertify at least annually.
 - Failing to notify the housing catalyst thirty (30) days before vacating the unit.
 - Program fraud, which includes falsifying any information provided to Housing Catalyst.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____