



PERSONAL DECLARATION

Part 1 Income Information

This applies to all household members including minor children

1. Are you or a member of your household employed full time, part time, or seasonally-including wages, fees, tips, bonuses, money for services? (Yes/No)_____. If yes, provide the following:

Name of Household Member	Employer Name/ Address	Employer Telephone Number	Monthly Income
a.			\$
b.			\$
c.			\$

2. Does any household member work for someone who pays cash? (Yes/No)_____ if yes, provide the following:

Name of Household Member	Employer Name/ Address	Employer Telephone Number	Monthly Income
a.			\$
b.			\$

3. Does any household member receive the following non-wage income? (Yes/No)_____ If yes, list the monthly amounts received below:

Name of Household Member	TANF (welfare)	SSA & SSI	Unemployment or Workers Comp.	Pensions
a.	\$	\$	\$	\$
b.	\$	\$	\$	\$
c.	\$	\$	\$	\$

4. Do you receive any of the following: Food Stamps \$_____ Medical Card [] Yes [] No
 School Grant or Scholarship \$_____ Work Study Prog. \$_____
 W.I.A. \$_____ LEAP \$_____
 Earned Income Tax Credit Refund \$_____

5. Does anyone in your household receive child support through either the Bureau of Child Support Enforcement or directly from an absent parent?

Minor's Name	Name/ Address of Absent Parent	Child Support Amount
a.		\$
b.		\$

6. Does anyone outside of your household regularly give you or anyone in your household regular gifts of money or pay any of your bills? (utilities, groceries, cell phones, insurance, etc) (Yes/No)_____. If yes, please provide:

Household member name:_____ Amount: \$_____

Name and address of individual making contribution: _____

7. Do you expect any changes, within two to three months, in current household income? If yes, please explain: _____

Part 2 Assets

1. Do you have any assets (Stocks, bonds, certificates of deposit, etc.)? If yes, please explain:_____
2. Do you or have you owned, in the past two years: land, mobile home or house?(Yes/No)_____ If yes, please explain _____
3. Do you have a bank account? (Yes/No)_____ If yes, please complete the following:
 Bank:_____ Account #:_____
 Current Balance: \$_____

Part 3 Expenses

1. Indicate your actual monthly household expenses below:

Rent \$	Phone \$	Groceries \$	Household Supplies \$
Electric \$	Cable \$	Personal Items \$	Loans \$
Gas \$	Car Payment \$	Clothing \$	Rentals \$
Water \$	Car Insurance \$	School Items \$	Renter's Insurance \$
Sewer \$	Medical \$	Credit Cards \$	Entertainment \$

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.

Signature of Head of Household:_____ Date:_____

Other Adult Household member:_____ Date:_____

Other Adult Household member:_____ Date:_____

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.

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