

PASCO COUNTY HOUSING AUTHORITY
APPLICATION FOR

**Personal Declaration Form
Family Composition**

Head of Household (Your Name)

Please check here to complete, change, update, or remove your contact person's information from Form HUD-92006, Optional Contact Information

Address

Contact Person (In case we cannot reach you)

City, State, Zip

Contact Person's Telephone Number with Area Code

Telephone Number with Area Code

Email Address or Fax Number

For Statistical Purposes Only

Race of Head: African American/Black Asian or Pacific Islander
 Native American/Alaskan Native Caucasian/White

Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

Statement of Family Composition

1.) List all persons who are a part of your household including yourself: (Use the back of this sheet if necessary.)

Full Name	Social Security Number	Date of Birth	Age	Sex	Disabled Person?	Full Time Student?	Relationship to Head
1. _____ HEAD OF HOUSEHOLD	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Head of Household
2. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
3. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
4. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
5. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
6. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Is **any member** of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If yes, please identify _____

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2.) Has anyone moved out of your household during the past 12 months (include deaths, marriages, divorce, separation, permanent placement in nursing home, placement in a foster home etc.)? **Yes** **No**

Full Name	Relationship	Out	Date	Reason

Marital Status Disclosure

3.) Are you currently married and your spouse does not reside in the household? **Yes** **No**

Please provide the following information:

Name of Spouse	Address	Amount that they contribute to your household

Current Annual Income Checklist

1.) Will any household member be receiving any type of income from employment? **Yes** **No**

If yes, complete below:

Household Member Name(s)	Employer's Name and Address	Dates Worked	Pay Rate	Hours worked per week
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	

Please list all employment that has ended in the past 12 months:

Household Member Name(s)	Employer's Name and Address	Dates Worked	Hours Per Week
		From: To:	
		From: To:	
		From: To:	

2.) Does anyone in the household earn income from self-employment or occasional income: bottle/can collecting, yard work, babysitting, car repair, scrap iron, garage sales, etc.? **Yes** **No**

If yes, did they file taxes for the previous year? **Yes** **No**

Household Member Name (s)	Date Business Started	
		\$

3.) Is anyone in the household receiving Social Security, Dual Entitlement or SSI benefits? **Yes** **No**

If yes, list recipients.

	Social Security	\$	Per	
	SSI/DE	\$	Per	

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4.) Is anyone in the household receiving TANF/OWF and/or Disability Assistance? **Yes** **No**
If yes, list recipients:

	TANF (cash assistance)	\$	Per	Month
	GA(Food stamps)	\$	Per	

5.) Is anyone in the household receiving alimony or child support payments? **Yes** **No**
If yes, list recipients. (Please bring a 12 month print out to your appointment)

	\$	Per	
	\$	Per	

6.) Is anyone in the household receiving unemployment compensation, Disability compensation, worker's compensation or severance pay? **Yes** **No**
If yes, list recipients.

	\$	Per	
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7.) Is any household member, 18 or older, receiving pay as a member of the Armed Services? **Yes** **No**
If yes, list recipients.

	\$	Per	
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8.) Is any household member receiving recurring monetary contributions or other gifts or Payments to help the assisted family from a non-household member? **Yes** **No**

Name and address of non-household member	Amount	Frequency
	\$	
	\$	

9.) Is anyone in the household receiving periodic payments from annuities, insurance policies, retirement funds, pensions, death benefits, or other similar amounts? **Yes** **No**
If yes, list recipients:

Household Member Name(s)	Provider	Amount/Frequency

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Current Annual Deductions Checklist

1.) Is any household member over the age of 18 currently attending school? Yes No

Household Member Name(s)	School Name	Full time or Part time

2.) Is any household member paying for unreimbursed childcare expenses? Yes No

If yes, list name of household member(s) attending, name and address of the child care provider, and monthly cost:

Household Member Name(s)	Childcare Providers Name	Address	Anticipated Monthly Expense
			\$
			\$

3.) Is the head of household or spouse, elderly (62 or older), handicapped or disabled? Yes No

4.) If yes, will any household member be paying any type of unreimbursed medical expenses? Yes No

If yes, list name of household member, name and address of medical provider including but not limited to: Pharmacies, doctor visits, dentist, medical insurance providers, hospitals bills which you are paying on, or other related medical expenses.

(Example: Medicare, Spend down, Summa Care, pharmacy printouts.)

Household Members Name(s)	Medical Providers Name	Address	Anticipated Annual Expense
			\$
			\$
			\$
			\$
			\$

5.) Are there any deductions from your Social Security or SSI Checks? Yes No

If yes, what? _____

6.) Is anyone in your household paying child support/alimony? Yes No

Monthly amount \$ _____

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Under \$5,000 Asset Certification

Examples of assets include checking and savings accounts, trust funds, real estate, stocks, bonds, certificates of deposit, mutual funds, money market funds, pensions that you are not withdrawing from, whole life insurance policies, personal investment items such as coin or stamp collections, etc. The annual income from your net assets (as defined in 24 CFR Part 5) will be included in the total gross income for this household.

1.) Does your household have assets with a net value **under** or **over** \$5,000? **Under** **Over**

a. If **UNDER**, I/We certify that the net assets (as defined in 24 CFR 813.102) do not exceed \$5,000 and the annual income from interest, dividends, etc. from our assets is \$ _____.

b. If **OVER**, complete the following:

Our household assets are held in the following accounts:

Asset/Bank Name	Account Type	Address	Total Net Asset
			\$
			\$
			\$
			\$

2.) Have you disposed of any assets for less than Fair Market Value in the past two years? **Yes** **No**

If yes, complete below:

Disposed of Asset Type	Fair Market Value	Disposed of Asset For	FMV-DoA= Amount to Count
	\$	\$	\$

I/We certify that the above information given to the Pasco County Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money was owed. I/We also understand that giving false statements or information can be grounds for termination of housing assistance and is punishable under Federal or State criminal law.

Date _____

Head of Household's Signatures _____

Other Adult Household Member Signatures _____

Other Adult Household Member Signatures _____

Other Adult Household Member Signatures _____

PCHA Representative as Witness _____

Initial here, if PCHA staff assisted you with completing this form in your presence.

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Has anyone in the household been arrested or charged with a crime in the last 12 months?

Yes No

If so please explain:

Reporting changes in Income or Household Composition

I understand that I am required to report within 10 days, in writing, any changes in income and household composition. I am also required to report, in writing, any absence from my subsidized unit that will last for 30 days or more. If the entire family is absent for more than 60 consecutive days, the unit will be considered vacated and assistance will be terminated. Failure to report this information may result in owing PCHA back rent and/or the termination of my subsidy.

Head of Household to initial here