

BURLINGTON HOUSING AUTHORITY
 133 N. IRELAND ST. - P.O. BOX 2380
 BURLINGTON NC 27216
 (336) 226-8421

PERSONAL DECLARATION

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 THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

 Family Head Telephone # Emergency Contact Person Telephone #

 Full Address (Street address) Full Address (Street address)

 City State Zip City State Zip

THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY

Does a member of your household qualify for disability under section 504 of the Rehabilitation Act of 1973 or the Federal Fair Act as amended in 1988 and the Americans with Disabilities Act? ____ Yes ____ No

If yes, explain: _____

HOUSEHOLD COMPOSITION (*use codes)

Persons to reside in unit <i>ADULTS (LEGAL NAMES)</i> <i>18 Years Old and Older</i>	Relationship *	Race *	Sex M/F	Birthdate/ Last grade completed in school	Birthplace Country	Social Security #	Legal Citizen *
1	<i>HEAD</i>			_____			
2				_____			
3				_____			

HOUSEHOLD COMPOSITION CODES:

RELATION:
 F = Foster Child/Foster Adult
 Y = Other Youth Under 18
 E = Full-Time Student 18+
 L = Live-In Aide
 A = Other Adult

RACE:
 1 = White
 2 = Black/African American
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

CITIZENSHIP:
 EC = Eligible Citizen
 EN = Eligible Non-citizen
 IN = Ineligible Non-citizen
 PV = Pending Verification

CHILDREN (LEGAL NAMES)	Relationship To Head	Birthdate & Race *	School Name & Grade	Social Security #	Birthplace/ Legal Citizen *	Absent Parent's Name and Address
4		_____	_____		_____	_____
5		_____	_____		_____	_____
6		_____	_____		_____	_____
7		_____	_____		_____	_____
8		_____	_____		_____	_____

List below all persons who moved out in the past 12 months (include deaths, marriages, permanent placement in nursing home, etc.)

Full Name	Relationship	Date Moved Out	Reason

Do you anticipate any changes in your family composition: _____ Yes _____ No

If yes, explain: _____

INDICATE IF: MARRIED ___ SINGLE ___ SEPARATED ___ DIVORCED ___ WIDOWED ___

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Street Address

City, State, ZIP

Social Security Number (If known)

Date of Separation/Divorce

Name

Street Address

City, State, ZIP

Social Security Number (If known)

Date of Separation/Divorce

If you have children in your household, please indicate if you have:

_____ full custody _____ joint custody _____ temporary custody _____ partial custody _____ other

If other, please explain: _____

Please indicate if the children are listed on the lease at another Housing Authority with the other parent/guardian:

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers' Compensation, retirement benefits, WFFA, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources. LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	SOCIAL SECURITY BENEFITS	SSI	CHILD SUPPORT MONTHLY	WFFA	UNEMPLOYMENT BENEFITS	VA BENEFITS	ALL OTHER INCOME

- Does any family member work for anyone who pays them cash? _____ Yes _____ No
If yes, explain: _____
- Have you or any other family member received any lump sum payments in the past year? _____ Yes _____ No
If yes, explain: _____
- If you are receiving child support, please indicate if it is: ___thru the court ___voluntary ___thru the court and voluntary. Which county and state? _____

C. ASSETS: Please answer each question.

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? _____

Are you under foreclosure? _____

Do you own any stocks or bonds? _____

Do you have a saving and/or checking account(s)? _____

If yes, give bank and account numbers:

Do you own a car? _____

Model/Year _____ Tag # _____

Do you own a second car? _____

Model/Year _____ Tag # _____

- Does anyone outside of your household pay for any of your bills, give anyone in your household money, or buy miscellaneous items for anyone in your household? Yes _____ No _____
If yes, explain and list amounts _____

- 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? Yes _____ No _____
If yes, explain: _____

3. Have you or any member lived in any assisted housing? Yes/No_____ If yes, list where and when, and did you participate in the Earned Income Disallowance Program (EID):_____

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No_____ If yes, explain._____

5. 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? Yes/No_____ If yes _____

D. EXPENSES

Have there been any changes during the past 12 months in your household expense involving child care expenses? Yes/No_____ If yes, explain:_____

Department of Social Services pays_____ Applicant/Resident pays:_____

Elderly/Disable/Handicap Medical Expenses (include expenses related to the care of a disabled member, Medicare, medical insurance, medical assistance from the Welfare Department and outstanding medical bills to doctors, pharmacies or other medical facilities)?

Is your medical coverage under any special programs? _____

What senior care prescription drug programs do you participate in? _____

ALL INFORMATION PROVIDED BY USE OF THIS FORM SHALL BE INCORPORATED BY REFERENCE INTO THE DWELLING LEASE BETWEEN HEAD OF HOUSEHOLD (RESIDENT) AND THE HOUSING AUTHORITY, AND IS GIVEN PURSUANT TO THE PROVISIONS OF THAT LEASE GOVERNING RENT DETERMINATIONS OR REDETERMINATIONS.

E. APPLICANT/RESIDENT CERTIFICATION

I/WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE UNDERSTAND ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HOUSING AGENCY IN WRITING WITHIN 10 DAYS FROM THE DATE OF THE CHANGE.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF SPOUSE DATE

SIGNATURE OF OTHER ADULT DATE

SIGNATURE OF OTHER ADULT 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.

