

CORTLAND HOUSING AUTHORITY

42 CHURCH STREET

CORTLAND, NEW YORK 13045

Head of Household _____

Date: _____

Tenant Name _____

Phone # _____

Tenant Address: _____

Email: _____

Section 8 / Public Housing
(Circle one)

PERSONAL DECLARATION COVER SHEET

____ **Increase in Income:** Date when increase changed: _____

Reason for change: _____

Income Source: _____

Complete Address of Income Source: _____

____ **Decrease in Income:** Date when decrease changed: _____

Reason for change: _____

Income Source: _____

Complete Address of Income Source: _____

____ **Change in Day Care Expense:** Increase _____ Decrease _____

Provider's Company Name & Personal Contact Name _____

Complete Address & Phone # of Day Care Provider _____

____ **Other:** _____

Additional Comments: _____

*******PUBLIC HOUSING TENANTS ONLY*******

____ Food Stamps (SNAP): Receipt of Food Stamps (opened a SNAP case) Yes or No
Discontinuance of Food Stamps (closed a SNAP case) Yes or No
Currently have an open Food Stamps (SNAP) case Yes or No

Tenant Signature Date

Gave P.D. to tenant

**CORTLAND HOUSING AUTHORITY
42 CHURCH STREET
CORTLAND NY 13045**

PERSONAL DECLARATION FORM

PLEASE PRINT

Name: _____ Soc Sec #: _____
 Address: _____
 Telephone Number: _____ Email address _____

HOUSEHOLD COMPOSITION: List the information below for all persons who are or will be living in your home **FULL TIME** starting with head of household.

ADULTS (Over 18) Legal Name As it appears on social Security card First, Middle, Last	AGE	DATE OF BIRTH	CITY AND STATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	MARITAL STATUS

CHILDREN'S (Under 18) Legal Name As it appears on social Security card First, Middle, Last	AGE	DATE OF BIRTH	CITY AND STATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SCHOOL NAME AND GRADE

List below the names and addresses of missing parent(s) of children or ex- spouse(s) of all adult household members:

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, social security, disability payments, workman's compensation, retirement benefits, AFDC, veterans' benefits, rental property income, stock dividends, interest from bank accounts, alimony and income from all other sources.

ALL HOUSEHOLD MEMBERS MUST BE LISTED. YOU MUST LIST EACH AND EVERY HOUSEHOLD MEMBER BELOW.

Household Member Number 1,2,3	Employer (s) Name and address	Total Weekly Income (Gross)	Public Assistance (Monthly)	Court Ordered Child Support	Social Security Benefits SSI/SSD	Unemployment Benefits Workers Compensation Disability	All Other Income <i>Give details</i>
<i>Example 1</i>	<i>ABC Company 1 Main St. Anytown, NY</i>	<i>\$200.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$100.00 Other(label)</i>

Assets: Answer each question. Do you or any household members own or have an interest in any real estate, boat, camping trailer, and/or mobile home? ____ Have you sold any real estate in the last two years? ____ Do you own any stocks or bonds? ____ Do you have a savings account? ____ Checking accounts? ____

Name and address of Financial Institution	Account Number	Account Type Checking, saving, CD, IRA, Life Insurance	Joint/Individual	Account Balance

Do you own a car? ____ Year ____ Make ____ Model ____ Color ____ Plate number ____
 Do you own any additional cars? ____ Year ____ Make ____ Model ____ Color ____
 Plate number ____

Does anyone in your household receive: MEDICARE Yes ___ No___ FOOD STAMPS Yes___ No___
 MEDICAID Yes___ No___

Do you ANTICIPATE any CHANGES in your household income and/or composition? ____ If yes, explain below.

Do you pay for childcare? ___ Yes ___ No If yes, please provide the name and address of child care provider, the amount paid by you? _____ Amount paid by other (if so who)? _____ :

Does anyone outside of your household pay for any of your bills or other expenses? _____. If yes, explain below.

Have you ever used any name (s) other than the one you are currently using? _____ If yes, explain below.

Have you or any members of your household been convicted of any crimes in the past 12 months? _____ If yes, explain below.

Have you or any members of your household ever been convicted of any crimes? _____ If yes, explain below.

Are you or any members of your household subject to a lifetime sex offender registration requirement in any state? _____

If yes, which household member? _____

I, _____, do hereby swear and attest that all of the information above is true and correct. I have listed **ALL** income received in my household and all household members. I also understand that I am required to **REPORT** any changes in my household composition to the Housing Authority IMMEDIATELY.

Signature of Head of Household

Signature of Spouse or other adult

Date

Signature of other adult

Signature of other adult

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.