

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN INK IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT CLEARLY.

I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO ARE LIVING IN YOUR HOME, LISTING THE HEAD OF HOUSEHOLD FIRST.

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HOH	SOCIAL SECURITY #	INDICATE: (M) MARRIED (S) SEPARATED (D) DIVORCED	HOUSEHOLD MEMBER IN COLLEGE? YES/NO
1.					
2.					
3.					
4.					
5.					

CHILDREN (NAME AS IT APPEARS ON SS CARD)	DATE OF BIRTH	RELATIONSHIP TO HOH	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PRESENT ADDRESS

EMERGENCY CONTACT

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE #

PHONE #

II. TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD THAT INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENT, WORKERS COMPENSATION, RETIREMENT BENEFITS, TANF, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS FROM BANK ACCOUNTS, ALIMONY AND ALL OTHER SOURCES.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF BENEFITS	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							
5.							

III. ASSETS: IF YES TO ANY, LIST BELOW.

1. DO YOU OR ANY HOUSEHOLD MEMBERS OWN OR HAVE AN INTEREST IN ANY REAL ESTATE, HOMES AND/OR MOBILE HOME? **YES/NO**

2. HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS? **YES/NO**

3. DO YOU OWN ANY SAVINGS ACCOUNT? **YES/NO**
IF YES, LIST BANK ACCOUNT NUMBERS AND AMOUNTS. _____

3. DO YOU OWN A CAR? **YES/NO** MODEL/YEAR _____ LICENSE PLATE # _____

4. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY? **YES/NO**
IF YES, EXPLAIN: _____

5. 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: _____

6. HAVE YOU OR ANY OTHER MEMBERS LIVED IN ANY ASSISTED HOUSING? **YES/NO**
IF YES, EXPLAIN: _____

7. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN ARRESTED, CHARGED, AND/OR CONVICTED OF ANY CRIME OTHER THAN A TRAFFIC VIOLATION? **YES/NO**
IF YES, LIST WHERE AND WHEN: _____

8. 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, EXPLAIN: _____

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HUNTINGTON HOUSING AUTHORITY IN WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF CO-HEAD OF HOUSEHOLD 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.