Harvard Housing Authority
P.O. Box 366
Harvard NE 68944-0366

PERSONAL DECLARATION
(Application)

INSTRUCTIONS:
YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT. (*Please Print or Type*)
THIS FORM MUST BE SIGNED BY ALL ADULTS AT THE OFFICE APPOINTMENT; DO NOT SIGN IT AT HOME.

(Failure to complete this form will result in delays in processing your application and/or rescheduling your office appointment.)

The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.

APPLICANT FAMILY/UNIT:

APPLICANT NAME _____ ADDRESS _____ APT.# _____ ZIP _____ HOME # _____ WORK # _____

Person to call in case of emergencies:

NAME OF FRIEND/RELATIVE _____ ADDRESS _____ APT.# _____ ZIP _____ HOME # _____ WORK # _____

A. ***HOUSEHOLD ADULT MEMBERS:*** [List children in Part B.]
List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1.

Last Name _____ First Name _____ MI _____ Soc. Sec. # _____

Birth Place / City, State _____ Birth Date _____ Driver's License # / State _____

Check all that apply:
☐ Single ☐ Married ☐ Male ☐ Female
☐ Widow ☐ Student ☐ Divorced ☐ Separated
☐ Employed ☐ Unemployed ☐ Disabled ☐ Handicapped
☐ Self employed ☐ Retired

Relation to Head of Household: *SELF*

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____

Social Security # _____ Birth Date _____

2.

Last Name _____ First Name _____ MI _____ Soc. Sec. # _____

Birth Place / City, State _____ Birth Date _____ Driver's License # / State _____

Check all that apply:
☐ Single ☐ Married ☐ Male ☐ Female
☐ Widow ☐ Student ☐ Divorced ☐ Separated
☐ Employed ☐ Unemployed ☐ Disabled ☐ Handicapped
☐ Self employed ☐ Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____

Social Security # _____ Birth Date _____

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Housing Assistant _____

1.
☐ SSA Card on file.
☐ ID/Birth Certificate on file.
☐ Review Personal Stams.
☐ Aged/Disabled.
☐ Divorce Papers.
☐ Divorce/Separation Certification.

2.
☐ SSA Card on file.
☐ ID/Birth Certificate on file.
☐ Review Personal Stams.
☐ Aged/Disabled.

	Yes	No
Applicant	☐	☐

☐ Divorce Papers.
☐ Divorce/Separation Certification.

3.

Last Name | First Name | MI | Soc. Sec. #

Birth Place / City, State | Birth Date | Driver's License # / State

Check all that apply:

☐ Male ☐ Female

☐ Single ☐ Married ☐ Divorced ☐ Separated

☐ Widow ☐ Student ☐ Disabled ☐ Handicapped

☐ Employed ☐ Unemployed ☐ Self employed ☐ Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name | Address

Social Security # | Birth Date

4.

Last Name | First Name | MI | Soc. Sec. #

Birth Place / City, State | Birth Date | Driver's License # / State

Check all that apply:

☐ Male ☐ Female

☐ Single ☐ Married ☐ Divorced ☐ Separated

☐ Widow ☐ Student ☐ Disabled ☐ Handicapped

☐ Employed ☐ Unemployed ☐ Self-employed ☐ Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name | Address

Social Security # | Birth Date

B. CHILDREN IN HOUSEHOLD: List all children who stay with you.

1.

Last Name | First Name | MI

Relation to Head of Household:

Social Security # | Sex | Birth Date

Birth Place | School Name | Address | Zip Code

Mother's Name | Social Security # | Birth Date | Address

Father's Name | Social Security # | Birth Date | Address

2.

Last Name | First Name | MI

Relation to Head of Household:

Social Security # | Sex | Birth Date

Birth Place | School Name | Address | Zip Code

Mother's Name | Social Security # | Birth Date | Address

Father's Name | Social Security # | Birth Date | Address

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3.

☐ SSA Card on file.

☐ ID/Birth Certificate on file.

☐ Review Personal Status.

☐ Aged/Disabled.

	Yes	No
Applicant	☐	☐

☐ Divorce Papers.

☐ Divorce/Separation Certification

4.

☐ SSA Card on file.

☐ ID/Birth Certificate on file.

☐ Review Personal Status.

☐ Aged/Disabled.

	Yes	No
Applicant	☐	☐

☐ Divorce Papers.

☐ Divorce/Separation Certification.

B.

1.

☐ SSA Card on file.

☐ ID/Birth Certificate on file.

☐ Review Information on Parents.

	Yes	No
Applicant	☐	☐

2.

☐ SSA Card on file.

☐ ID/Birth Certificate on file.

☐ Review Information on Parents.

	Yes	No
Applicant	☐	☐

3.

Last Name | First Name | MI | Relation to Head of Household:

Social Security # | Sex | Birth Date

Birth Place | School Name | Address | Zip Code

Mother's Name | Social Security # | Birth Date | Address

Father's Name | Social Security # | Birth Date | Address

4.

Last Name | First Name | MI | Relation to Head of Household:

Social Security # | Sex | Birth Date

Birth Place | School Name | Address | Zip Code

Mother's Name | Social Security # | Birth Date | Address

Father's Name | Social Security # | Birth Date | Address

5.

Last Name | First Name | MI | Relation to Head of Household:

Social Security # | Sex | Birth Date

Birth Place | School Name | Address | Zip Code

Mother's Name | Social Security # | Birth Date | Address

Father's Name | Social Security # | Birth Date | Address

C. FOSTER CHILDREN:

Is anyone living in your home a foster child? ☐ Yes ☐ No

If yes, list complete name for each foster child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

Student's Name. | Name and Address of School

Student's Name | Name and Address of School

Student's Name | Name and Address of School

OFFICIAL USE ONLY

3.
- ☐ SSA Card on file.
- ☐ ID/Birth Certificate on file.
- ☐ Review Information on Parents.

	Yes	No
Applicant	☐	☐

4.
- ☐ SSA Card on file.
- ☐ ID/Birth Certificate on file.
- ☐ Review Information on Parents.

	Yes	No
Applicant	☐	☐

5.
- ☐ SSA Card on file.
- ☐ ID/Birth Certificate on file.
- ☐ Review Information on Parents.

	Yes	No
Applicant	☐	☐

C.
- ☐ Documentation of foster care status, for each child.
- ☐ Foster Care License.

	Yes	No
Applicant	☐	☐

D.

	Yes	No
Student Aid	☐	☐
Student Aid	☐	☐
Student Aid	☐	☐

E. *WORKING:* Is anyone working or expecting to work in the next 6 months?

☐ Yes ☐ No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip / Phone

Do you ever receive any of the following:

Overtime ☐ Yes ☐ No Tips ☐ Yes ☐ No
Bonus ☐ Yes ☐ No Commission ☐ Yes ☐ No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip / Phone

Do you ever receive any of the following:

Overtime ☐ Yes ☐ No Tips ☐ Yes ☐ No
Bonus ☐ Yes ☐ No Commission ☐ Yes ☐ No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip / Phone

Do you ever receive any of the following:

Overtime ☐ Yes ☐ No Tips ☐ Yes ☐ No
Bonus ☐ Yes ☐ No Commission ☐ Yes ☐ No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip / Phone

Do you ever receive any of the following:

Overtime ☐ Yes ☐ No Tips ☐ Yes ☐ No
Bonus ☐ Yes ☐ No Commission ☐ Yes ☐ No

Name	Occupation	Gross Wages Per Month
Employer's Name	Address	City, State, Zip / Phone

Do you ever receive any of the following:

Overtime ☐ Yes ☐ No Tips ☐ Yes ☐ No
Bonus ☐ Yes ☐ No Commission ☐ Yes ☐ No

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E.

☐ Paystubs on file.
☐ Employer's report on file.
☐ W2 / 1099.
Earnings Exempt: Yes ☐ No ☐

☐ Paystubs on file.
☐ Employer's report on file.
☐ W2 / 1099.
Earnings Exempt: Yes ☐ No ☐

☐ Paystubs on file.
☐ Employer's report on file.
☐ W2 / 1099.
Earnings Exempt: Yes ☐ No ☐

☐ Paystubs on file.
☐ Employer's report on file.
☐ W2 / 1099.
Earnings Exempt: Yes ☐ No ☐

☐ Paystubs on file.
☐ Employer's report on file.
☐ W2 / 1099.
Earnings Exempt: Yes ☐ No ☐

F. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.

Item	*Yes*	*No*	*Who*	*Monthly Amount*
• Training	☐	☐		
• Work Study	☐	☐		
• Educational Loans	☐	☐		
• Grants, Scholarships	☐	☐		
• TANF	☐	☐		
• General Relief	☐	☐		
• Unemployment Benefits	☐	☐		
• State Disability	☐	☐		
• Workers Compensations	☐	☐		
• Child Support	☐	☐		
• Spousal Support	☐	☐		
• Social Security	☐	☐		
• SSI	☐	☐		
• Pension / Retirement	☐	☐		
• Veteran's Benefit	☐	☐		
• Military Allotment	☐	☐		
• Railroad Retirement	☐	☐		
• Interest / Asset	☐	☐		
• Income from Rental Property	☐	☐		
• Second Job	☐	☐		
• Other, Explain:	☐	☐		

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F.

☐

TANF or GR _____ WORKER NAME _____ NUMBER _____ DSS OFFICE ADDRESS _____ CITY, STATE, ZIP _____ PHONE

TANF or GR _____ WORKER NAME _____ NUMBER _____ DSS OFFICE ADDRESS _____ CITY, STATE, ZIP _____ PHONE

Bring your most recent proof of income and your last Federal income tax return to your office appointment (examples: letter from employer, check stub, welfare or social security award letters, bank statements, 1099 forms, etc.).

G. Do you employ the services of a Care Provider for a child 12 years or under or for a disabled person? ☐ Yes ☐ No If yes, complete the following:

1) Care Provider Name _____ Amount Paid _____ Weekly or Monthly *(circle one)*

Care Provider Address _____ Care Provider Phone _____

2) Care Provider Name _____ Amount Paid _____ Weekly or Monthly *(circle one)*

Care Provider Address _____ Care Provider Phone _____

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G.

☐ Third Party Verifications

Who pays child care expense?

H. Does anyone receive contributions, gifts or loans from any source? ☐ Yes ☐ No
If yes, complete the following:

Item Received	Value of Item	Who Gives the Item

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H.
☐ Third Party Verifications

I. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc., anywhere? ☐ Yes ☐ No If yes, complete the following:

Type	Address	Estimated Value

I.
☐ Third Party Verifications
Market Value $_____
Amount Owed $_____
Income $_____

J. Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes, list who and amount.

Item	*Yes*	*No*	*Who*	*Amount*
• Cash	☐	☐		
• Checking Account(s)	☐	☐		
How many Checking Accounts do you have? ____				
• Savings Account(s)	☐	☐		
How many Savings Accounts do you have? ____				
• Life Insurance Policy	☐	☐		
• Trust Funds	☐	☐		
• Stocks or Bonds	☐	☐		
• Certificates of Deposit or Money Market Account	☐	☐		
• Notes, Mortgages, or Deeds	☐	☐		
• Retirement Accounts	☐	☐		
• Deferred Compensation	☐	☐		
• Safe Deposit Box	☐	☐		
• Real Estate	☐	☐		
• Other, Explain:	☐	☐		

J.
☐ Third Party Verifications on file. (Check)

If yes to any items above, complete the following:

Type of Resource	Current Value	Name and Address of Institution	Account Number

K. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? ☐ Yes ☐ No
If yes, please explain.

_____
_____
_____

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? ☐ Yes ☐ No
If yes, complete the following:

Type License # State Year Make and Model

_____
_____
_____

M. Do you have a live-in aide? ☐ Yes ☐ No If yes, complete the following:

_____
Name Social Security #

Do you pay for this service yourself? ☐ Yes ☐ No If no, please explain:

_____

N. Have you or any member of your household (listed above) ever been arrested for any drug-related criminal activity? ☐ Yes ☐ No If yes, please give dates, charges, city and state:

_____

O. Have you or any member of your household (listed above) ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? ☐ Yes ☐ No
If yes, please give dates, charges, and city and state:

_____

P. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed? ☐ Yes ☐ No If yes, explain:

_____

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than its full value? ☐ Yes ☐ No If yes, explain:

_____
_____
_____

R. Have you or any other household member lived in any rental assisted housing?
☐ Yes ☐ No If yes, give the details:

_____
Where When

S. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs?
☐ Yes ☐ No If yes, explain:

_____

T. Are there any children 7 years and under who have an elevated blood level of lead?
☐ Yes ☐ No

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K.
☐
☐
☐

L.
☐
☐
☐

M.
☐ Physician's Evaluation 24 hour care.
☐ IHSS Evaluation 24 hour care.
☐ Live-In Aide Certification

N.

O.

P.

Q.
☐ Third Party Verification of Property Value.
☐ Verification that Asset is no longer owned by household member.
☐ Disposition of Proceeds.

R.
☐ Review for Outstanding Collections.

S.
☐ Review eligibility status. (Is account balance zero or up to date?)

T.

U. MEDICAL EXPENSES - ELDERLY HANDICAPPED OR DISABLED FAMILIES ONLY

If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy ——— Address ——— City, State, Zip

HEAD OF HOUSEHOLD ONLY, please complete:

(Enter code which best describes your race.)

Race [ ]		Ethnicity [ ]
1 - White	3 - American Indian / Alaskan Native	1 - Hispanic
2 - Black or African American	4 - Asian / Pacific Islander	2 - Non-Hispanic

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency / Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

APPLICANT / TENANT CERTIFICATION & NOTICE

I/We certify that the information* given to the Public Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by this PHA, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use.)

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.

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority *IN WRITING* immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

WAIT! THIS FORM IS TO BE SIGNED AT YOUR APPOINTMENT. ALL ADULT MEMBERS MUST SIGN THIS FORM IN FRONT OF A HOUSING COMMISSION STAFF MEMBER.

Signature of Head of Household _____ Date _____

Signature of Head of Household _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

NOTE: If form is completed by a person other than applicant/participant, please sign and complete representative information.

Print Name _____ Signature of Representative _____ Date _____

Address _____ City _____ State _____ Zip _____ Phone _____

PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE

I certify that:

1. The information given to the Public Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

PHA Official or Representative _____ Date _____

FILE NAME _____ SOCIAL SECURITY NO. _____

PUBLIC HOUSING PROGRAM
TENANCY HISTORY / INFORMATION SHEET

NAME _____ HOME TELEPHONE _____

(Check One)

1. Are you visually impaired? *(optional)* Yes _____ No _____
2. Are you hearing impaired? *(optional)* Yes _____ No _____
3. Does anyone in your family need a wheelchair? *(optional)* Yes _____ No _____
4. Can you live in an upstairs apartment? Yes _____ No _____
5. Will you have any pets? Yes _____ No _____

   If yes, please describe: _____

6. Has anyone on this application ever been arrested or detained by the police for a crime (other than traffic violations)? Yes _____ No _____

   If yes, who? _____

   Describe criminal activity (conviction/pending): _____

   _____

   Action taken / judgment: _____

7. Has anyone on this application ever been evicted from a rental unit within the last five (5) years? Yes _____ No _____

   If yes, give date, address and reason why _____

   _____

Below please list your residence history for the past five (5) years. Use additional paper, if necessary.

1) PRESENT ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____

_____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

_____
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

2) PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

_____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

_____
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

3) NEXT PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

4) NEXT PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

5) NEXT PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

6) NEXT PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

7) NEXT PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

_____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

_____
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

FINANCIAL OBLIGATIONS IF APPLICABLE (I.E. CAR PAYMENTS, LOANS, ETC.):

PAYMENTS TO:	AMOUNT PER MONTH:	PAYMENTS TO:	AMOUNT PER MONTH:
1) _____	$_____	4) _____	$_____
2) _____	$_____	5) _____	$_____
3) _____	$_____	6) _____	$_____

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.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE PUBLIC HOUSING AUTHORITY TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT.

I DELCARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS STATEMENT OF FACTS IS TRUE, CORRECT, AND COMPLETE.

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE DATE