FRANKLIN COUNTY REGIONAL HOUSING AND REDEVELOPMENT AUTHORITY
241 MILLERS FALLS ROAD
TURNERS FALLS, MA 01376

TELEPHONE: (413) 863-9781
FACSIMILE: (413) 863-9289

PERSONAL DECLARATION FORM

List all persons (head, spouse/co-head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

PLEASE PRINT CLEARLY.

Date: _____ Name of Head of Household: _____

Current Street Address: _____Apt #_____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____Cell Phone #: _____

E-Mail Address_____ State Driver's License #_____

Current Monthly Rent: _____ Check Utilities you pay for: Heat □ Hot Water □ Cooking □ Lights □ Trash □

Please check which if any of the following appliances you own in the unit: Refrigerator □ Stove □

Is there an Air Conditioner in your unit? ....Yes□ No□ Do you require Air Conditioning for medical reasons? ....Yes☐ No☐

***Whom can we contact if we are unable to reach you? _____**

Phone #_____Relation_____

Language Spoken _____ Language Read _____

Do you require any modifications of accommodations in order to fully utilize the program and its services?

YES ☐ NO ☐ If yes, please explain:

_____

_____

I. HOUSEHOLD COMPOSITION

List all persons who will be living in your home; list adult household members first

(Legal Name)	Date of Birth	Sex	Relation to Head	*Race	*Ethnicity	Soc. Sec # or Alien Registration #	School Name if Attending
1.			Head of Household				
2.							
3.							
4.							
5.							
6.							
7.							

YOU MAY ATTACH A SHEET OF PAPER TO LIST ADDITIONAL HOUSEHOLD MEMBERS

PLEASE USE BOTH CODES FOR EACH MEMBER OF THE HOUSEHOLD

*Race Codes Are: 1=White 2=Black 3=American Indian/Alaska Native 4=Asian/Pacific Islander
*Ethnicity Codes Are: 1=Hispanic 2=Not Hispanic

1. Does anyone other than an adult who lives in the home share custody of any of the children listed? Yes☐ No☐
   If yes, who? _____
2. Does anyone living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes☐ No☐
   If yes, who? _____
3. Is anyone living in the home expecting a child? Yes☐ No☐
   If yes, who? _____
4. Is there anyone who is temporarily absent from the home that is not listed on this Personal Declaration? Yes☐ No☐
   If yes, who? _____
5. Is there anyone living in the home who is 18 or over and is a full-time student? Yes☐ No☐
   If yes, who? _____
6. Is anyone living in the home a registered Sex Offender? Yes☐ No☐
   If yes, who? _____

If separated or divorced, or if any of your children have an absent parent, list their name and address of spouse/ex-spouse/absent parent as follows:

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
SOCIAL SECURITY NUMBER (IF KNOWN)	SOCIAL SECURITY NUMBER (IF KNOWN)

II. **TOTAL EARNED (WAGES) HOUSEHOLD INCOME:** List all money earned (**employment income**) of everyone living in your household.

Household Member	Name and Address of Employer	Gross Earnings: Week/Month (circle one)
1.		
2.		
3.		
4.		

Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?:

Wages, salaries, tips, fees or commissions from an employer? (full or part time) ..... Yes☐ No☐

Compensation for personal services? ..... Yes☐ No☐

Income from the operation of a business or profession? ..... Yes☐ No☐

Interest, dividends or other income from real or personal property? ..... Yes☐ No☐

Payments from Social Security? ..... Yes☐ No☐

Payments from annuities? ..... Yes☐ No☐

Payments from insurance policies? ..... Yes☐ No☐

Payments from retirement funds? ..... Yes☐ No☐

Payments from pensions? ..... Yes☐ No☐

Payments from disability benefits? ..... Yes☐ No☐

Payments from death benefits? ..... Yes☐ No☐

Lump sum payments for the delayed start of periodic payments? ..... Yes☐ No☐

Unemployment compensation? ..... Yes☐ No☐

Disability compensation? ..... Yes☐ No☐

Worker's compensation? ..... Yes☐ No☐

Severance Pay? ..... Yes☐ No☐

EAEDC payments? ..... Yes☐ No☐

TANF payments? ..... Yes☐ No☐

Alimony payments? ..... Yes☐ No☐

Child support payments? ..... Yes☐ No☐

Regular contributions or gifts from anyone? ..... Yes☐ No☐

Money from self employment? ..... Yes☐ No☐

Regular or special military pay? ..... Yes☐ No☐

Financial assistance to attend school? ..... Yes☐ No☐

Fuel Assistance? ..... Yes☐ $_____ No☐

Food Stamps? ..... Yes☐ $_____ No☐

List the amounts of all income <u>from any source</u> other than wages expected for the coming 12 months for all family members from any and all sources.

Household Member	Source: Name and Address of Source	Amount Received: Week/Month (circle one)
1.		
2.		
3.		
4.		

III INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

Do you or any family member own or have access to any of the following?

Checking account ....Yes□ No□

Balance of account $_____ Anticipated income from account in next 12 months $_____ Household Member _____
Balance of account $_____ Anticipated income from account in next 12 months $_____ Household Member _____
Balance of account $_____ Anticipated income from account in next 12 months $_____ Household Member _____

Savings account..... Yes□ No□

Balance of account $_____ Anticipated income from account in next 12 months $_____ Household Member _____
Balance of account $_____ Anticipated income from account in next 12 months $_____ Household Member _____
Balance of account $_____ Anticipated income from account in next 12 months $_____ Household Member _____

SAVINGS/CHECKING ACCOUNTS with balances of $5,000 or greater: List all accounts for all household members.

Family Member Name: _____Current balance in this account $_____
Bank: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Type of Account (checking/savings/Christmas club, etc): _____ Account No.:_____

Family Member Name: _____Current balance in this account $_____
Bank: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Type of Account (checking/savings/Christmas club, etc): _____ Account No.:_____

Do you or any family member own or have access to any of the following?

Stocks..... Yes□ No□ **Bonds**..... Yes□ No□
If Yes please state amount of account $_____ Member_____ If Yes please state amount of account $_____ Member_____

Real property (land).....Yes□ No□ **Trust funds** .....Yes□ No□
If Yes please state amount of account $_____ Member _____ If Yes please state amount of account $_____ Member_____

Pensions .....Yes□ No□ **Individual retirement accts**….Yes□ No□
If Yes please state amount of account $_____ Member_____ If Yes please state amount of account $_____ Member_____

Inheritances .....Yes□ No□ **Life insurance policies** .....Yes□ No□
If Yes please state amount of account $_____ Member _____ If Yes please state amount of account $_____ Member_____

Certificate of deposit… Yes □ No□ **Money market account**…… Yes□ No□
If Yes please state amount of account $_____ Member_____ If Yes please state amount of account $_____ Member_____

Any other type of capital investment .....Yes□ No□

If Yes please state type of capital investment _____State amount of account $_____

Explain any "Yes" answers below.

Bank/Agent: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Type of Account: _____ **Value of Account**: $ _____

Bank/Agent: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Type of Account: _____ **Value of Account**: $ _____

LIFE INSURANCE:

Company Name:_____
Policy No.: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____

Company Name: _____
Policy No.: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____

Do you own personal property held as an investment? (Gems, jewelry, coin collections, etc)_____
Please list_____

List all vehicles owned by all household members: Year_____ Make_____ Model_____
Year_____ Make_____ Model_____

IV. ASSETS DISPOSED OF

Have you disposed of any assets for **less than fair market value** in the two years prior to the effective date of this recertification?
YES□ NO□ PleaseList_____

Indicate the dollar amount for your monthly living expenses as listed below:

Items	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Heat			
Hot Water			
Telephone/cell phone			
TV Cable			
Car Payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Loan(s)			
Rentals			
Furniture			
Food			
Credit Cards			
Child Support			

V. CHILDCARE EXPENSES:

Does any family member have expenses for child care of a child age **12 or younger**...Yes☐ No☐

If applicable, fill out the information below. **Please note:** Child Care Expenses are deducted only if family members needing child care are employed, actively looking for employment or going to school:

1.) Child Care Provider's Name: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Cost per Week: $_____ Cost per Month: $_____ Reason for Needing Child Care: _____

Is any portion of these childcare expenses reimbursed from an outside agency or person...Yes☐ No☐

If yes, how much is reimbursed per month? $_____

Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)……Yes☐ No☐ If yes, complete the following:

Care Attendant Name_____Address_____
Phone Number_____ Amount Monthly $_____

Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities)……...Yes☐ No☐

If yes, what is the anticipated monthly cost? $_____

VI. MEDICAL EXPENSES: (These questions only apply if the head, spouse or co-head is 62 years or older or is disabled).

Do you or any member of the family pay for any of the following items?

Medical insurance premiums……Yes□ No□
Long term care insurance..... ……..Yes□ No□
Out of pocket prescription expenses... Yes□ No□
Past due medical bills.....Yes□ No□
Other anticipated medical expenses…Yes□ No□

1. **Name and address of your insurance company. Please include any policy numbers**.
   Name: _____ Street Address:_____
   City: _____ State: _____ Zip Code: _____
   Policy Number: _____

   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code: _____
   Policy Number: _____

2. **Name and address of each doctor or dentist you are making payments to**:
3. Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code:_____

   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code:_____

4. **List the name and address of all pharmacies**:
   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code: _____

   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code: _____

   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code: _____

4. **List medical expenses anticipated for the next twelve months that will not be reimbursed or covered by your Insurance**, this may include dental work, optometrists visits, chiropractors, etc. List the name and address of any doctor you will be seeing.
   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code: _____

   Name: _____ Street Address: _____
   City: _____ State: _____ Zip Code: _____

5. List anticipated disability expenses that will not be covered or reimbursed by your insurance? List the type of expense and who to contact for verification of this expense. (Ex: rental equipment, special purchases necessary for mobility, etc.):

_____
_____
_____

Comments/ Notes:

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within 14 days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority and my landlord. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally **concealing information, or any act of assistance to such attempt is a crime under Federal and State law.**

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 FRAUDULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

_____ _____
SIGNATURE OF HEAD OF HOUSEHOLD DATE SIGNATURE OF SPOUSE DATE

_____ _____
SIGNATURE OF OTHER ADULT DATE SIGNATURE OF OTHER ADULT DATE

Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

_____ _____
Signature of PHA Representative Date