

LORAIN METROPOLITAN HOUSING AUTHORITY

PERSONAL DECLARATION FOR RENTAL ASSISTANCE BENEFITS

1600 KANSAS AVE., LORAIN, OHIO 44052

PHONE (440) 288-1600

PRINT clearly in ink. All questions must be answered in your own hand writing. Must provide valid address and phone number. Use correct legal name, for all, as it appears on the Social Security card(s). All adult members must sign below certifying the information pertains to them. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD).

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and/or EVICTION from your housing and criminal prosecution.

HEAD OF HOUSEHOLD:

Last Name	First Name	Cell Phone Number ()
Street Address Apt Number		Home Phone Number ()
City, State, and ZIP	E-Mail Address	Work/Message Phone Number ()
Please indicate with a "Yes" or "No" if LMHA may contact you by the following methods? Cell phone: _____ Home Phone: _____ Work Phone: _____ Email: _____		

SECTION I – HOUSEHOLD INFORMATION

A. FAMILY HOUSEHOLD COMPOSITION: List Head of Household first; then oldest to youngest, of persons who will live in your household.

Full Name	Age	Birthdate mm/dd/yy	Relationship to Head of Household	Sex M/F	Race –Please use codes below 1-White 2-Black 3- American Indian 4-Asian 5-Multi-Racial	Ethnicity 1-Hispanic 2-Non- Hispanic	Marital Status S=Single M=Married SE=Separated D=Divorced	Social Security Number
1)			SELF					
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								

Is anyone in the household PREGNANT? Yes No

If yes, who is pregnant? _____

Due Date: _____

Is anyone in the household a veteran? Yes No

If yes, please list the name of the veteran: _____

B. SEPARATED/DIVORCED List spouse or ex-spouse information if applicable. IF THIS DOES NOT APPLY WRITE N/A ON LINES 1 THROUGH 2

Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Divorced?	Year Separated
1)		YES NO	
2)		YES NO	

C. ABSENT PARENT(S) List absent parent(s) information for any of the children above.

Child Name(s)	Absent Parent Name	Last Known Address, City, State	Any contact with absent parent?
1)			YES NO
2)			YES NO
3)			YES NO
4)			YES NO

D. STUDENT STATUS List all household member(s), who are attending school of any kind.
***OFFICIAL SCHOOL TRANSCRIPTS MAY BE REQUIRED. IF THIS DOES NOT APPLY WRITE N/A ON LINES 1 THROUGH 6**

Student Name	Part time or Full time Student?	School Name and Address	Is Financial Aid received? If yes, give amount.	Grade Level
1)				
2)				
3)				
4)				
5)				
6)				

SECTION II – HOUSEHOLD INCOME Please answer all questions below.

A. SS/SSDI/SSI / PENSION / OTHER BENEFITS **CIRCLE ONE**

Do you or any household member(s) receive Social Security/SSI/SSDI benefits?	YES NO
Do you or any household member(s) receive pension, retirement benefits, or an annuity?	YES NO
Do you or any household member(s) receive any other disability benefits?	YES NO

If you answered "YES" to any question above, please fill out information below for the household member(s) who receives this income(s).

Name of Household Member	Monthly/weekly amount	Name & address of Agency/Office

B. EMPLOYMENT		CIRCLE ONE	
Do you or any household member(s) receive full/part-time job earnings or severance pay?		YES	NO
Do you or any household member(s) receive cash, tips, or bonuses?		YES	NO
Do you or any household member(s) receive military or reserve pay?		YES	NO
Are you or any household member(s) self-employed?		YES	NO
Are you or any household member(s) receiving unemployment benefits?		YES	NO
Are you or any household member(s) having health insurance premiums deducted from your paychecks?		YES	NO
If you answered "YES" to any of the questions above, fill out information below for the household member(s) who receives this income(s).			
Name of Household Member	Monthly Gross Pay	Health Insurance Deduction	Name & address of Employer

C. PUBLIC ASSISTANCE BENEFITS		CIRCLE ONE	
Do you or any household member(s) receive cash aid, welfare, food stamps, or other public assistance? If "Yes", see below:		YES	NO
If "YES", in which county: _____			
Do you or any household member(s) receive adoption or foster care payments?		YES	NO
Do you or any household member(s) receive disability (GA) from human services department?		YES	NO
Do you or any household member(s) receive in-home care for another person?		YES	NO
Do you have to meet a monthly spend down amount in order to receive your medical card?		YES	NO
Do you or any household member(s) receive transportation reimbursement?		YES	NO
If you answered "YES" to any of the questions above, fill out information below for the household member(s) who receives this income(s).			
Name of Household Member	Monthly Amount	Type of Benefit	

D. CHILD SUPPORT OR ALIMONY BENEFIT(S)			CIRCLE ONE	
Do you or any household member(s) have an open child support case with a court? If "Yes", see below:			YES	NO
If "YES", in which county: _____				
Do you or any household member(s) receive child support office payments?			YES	NO
Do you or any household member(s) receive child support/alimony directly from an absent parent/spouse?			YES	NO
Does the absent parent purchase items for child(ren) such as clothing, food, formula, diapers, etc?			YES	NO
If you answered "YES" to any of the questions above, fill out information below for the household member(s) who receives this income(s).				
Name of Child	Absent Parent/Spouse name and Address	Monthly Amount	Please indicate how payment is received. Directly from absent parent/spouse or child support agency	
			DIRECTLY	CSEA AGENCY
			DIRECTLY	CSEA AGENCY
			DIRECTLY	CSEA AGENCY

E. CONTRIBUTIONS			CIRCLE ONE
Does anyone outside your household give you money or pay bills for you?			YES NO
Does anyone outside your household buy you supplies such as groceries, etc?			YES NO
Does any organization help you pay a bill or expense?			YES NO
If you answered "YES" to any of the questions above, fill out information below for the household member(s) who receives this contribution(s):			
Name of Household Member	Type of Assistance Provided	Name and Address of Person or Organization who Contributes	How Much and How Often you Receive this Contribution

F. FEDERAL INCOME TAX			CIRCLE ONE
Did you or any household member(s) file a federal income tax return in the last 12 months? If no, please complete the information below. LMHA will request if needed.			YES NO
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT file a tax return? If yes, please complete the information below.			YES NO
Were you or any household member(s) claimed as a dependent on someone else's taxes? If yes, please complete the information below:			YES NO
Name of Household Member	TAX YEAR	Reason taxes not filed	Name of Person claiming family member as dependent

SECTION III – ASSETS

A. LUMP SUM INCOME			CIRCLE ONE
Did you or any member of your household receive a large sum of money from any source within the last 12 months?			YES NO
If "YES", please fill out information below for the household member(s) with that asset(s).			
Name of Household member	Amount	Date	Type of Income

B. ACCOUNT INFORMATION			CIRCLE ONE
Do you or any household member(s) have a savings or checking account?			YES NO
Do you or any household member(s) have stocks, bonds or certificate of deposit (CD)?			YES NO
Do you or any household member(s) have a money market fund/trust fund?			YES NO
Do you or any household member(s) have a retirement, 401K, federal thrift savings plan (TSP), IRA or Keogh account?			YES NO
Do you or any household member(s) have Life Insurance (Whole, Term, etc.)? If yes, please submit a current copy of your life insurance policy with cash value.			YES NO
If you have answered "YES" to any of the above questions, please fill out below:			
Name of Household member	Company/Bank Name	Type of Account	Cash Value of Account

C. PROPERTY		CIRCLE ONE
Do you or anyone in your household, own or have an interest in commercial or residential real estate or mobile home?		YES NO
Have you or anyone in your household sold any real estate or disposed of any assets for less than fair market value in the last two years?		YES NO
If you have answered "YES" to any of the above questions, please fill out below:		
Name of Household member	Type of Asset	Value

SECTION IV – VEHICLES AND CREDIT CARDS

A. VEHICLES BEING USED BY YOUR HOUSEHOLD				CIRCLE ONE
Do you or any household member have a vehicle(s) registered to him/her?				YES NO
Do you or any household member have use of any vehicle(s) that is not registered to him/her?				YES NO
If you have answered "YES" to any of the above questions, please fill out below:				
Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	Monthly Payment

B. CREDIT CARDS AND LOANS. If you need additional space to answer the question, you may use another sheet of paper and attach it to this form.				CIRCLE ONE
Do you or any household member have a Visa, Master Card, Discover, or American Express?				YES NO
Do you or any household member have a department store, furniture store, or jewelry store account?				YES NO
Do you or any household member have an auto loan, bank loan, credit union loan, or personal loan?				YES NO
Do you or any household member pay for the rental of furniture, appliances, electronics (TV, DVR, etc)				YES NO
If you answered "YES" please fill out information below for the household member(s) who receives this income(s).				
Name of household member	Creditor/Bank Name/Rental Center Name	Account balance	Delinquent or in collections?	Monthly payment

SECTION V – EXPENSES

A. CHILD CARE EXPENSES			CIRCLE ONE
Do you pay childcare for a child 12 and under to go to work or to school?			YES NO
Do you pay for care equipment for a household member with a disability for you to go to work?			YES NO
Is the childcare expense paid for by an agency or by another person outside of your household?			YES NO
If you answer "YES" please fill out information below for the household member(s) with that expense(s).			
Name of child or disabled member	Monthly Child care	Child care providers name & address	Name of Agency if paid by an agency

B. MEDICAL INFORMATION AND EXPENSES <small>This section is for Elderly or Disabled Households only.</small>		CIRCLE ONE
Does any household member anticipate having out of pocket medical expenses from a pharmacy in the next 12 months? If yes, see below:		YES NO
If "YES" list name and address of pharmacy:		
Is any household member making monthly payments on outstanding hospital or doctor bills?		YES NO
If "YES" list the name of hospital and/or the name and address of the doctor(s):		

C. ACCOMODATION NEEDS		CIRCLE ONE
Does anyone in your household have a disability ?		YES NO
If "YES" will the household member(s) need any of the following:		
<input type="checkbox"/> unit for a vision impairment; <input type="checkbox"/> unit for a hearing impairment; <input type="checkbox"/> additional bedroom;		
<input type="checkbox"/> unit with no stairs, elevator acceptable <input type="checkbox"/> grab bars in bathroom		
<input type="checkbox"/> unit with no stairs, elevator unacceptable		
<input type="checkbox"/> other: _____		
<input type="checkbox"/> No accommodation needed at this time		
If you need an accommodation, please detail what accommodation your situation requires such as a ramp for a wheel chair, grab bars, special smoke detectors, etc.: _____		
Will you or any household member require a "Live In Aide" to assist you?		YES NO
If "YES", please provide the name and address of your doctor:		
If you have a disability, service animals are permitted in LMHA housing and are not considered "pets". Will you be registering a companion animal ? If "YES" please provide the name, address, and statement from your doctor/counselor verifying the need.		YES NO

D. HOUSEHOLD EXPENSES					
• List the MONTHLY average amount ALL household members pay for each of the following. DO NOT LEAVE ANY SPACES BLANK.					
Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food *	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$

TOTAL MONTHLY EXPENSES

\$

**Exclude Food Stamps*

SECTION VI – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer “YES” please fill out information below for that household member(s).

A. HOUSEHOLD INFORMATION	CIRCLE ONE
1) Is any household member temporarily absent from the home? Away at school or military service, etc.	YES NO
2) Does any household member have any minor children that do not live in the home? If “YES” please explain:	YES NO
3) Are you or anyone in your household currently or ever been on parole or probation? If “YES” please list the name and phone number of your probation officer.	YES NO
4) Have you or anyone in your household ever been cited, arrested, charged, or convicted of ANY crime (misdemeanor and felony) other than traffic violations? If “YES” list in detail, regardless of date of offense	YES NO
5) Are you or anyone in your household subject to registration as a sex offender If “YES” , list name of registrant and complete address where currently registered:	YES NO
6) Have you ever been arrested in another state? If “YES” list dates and explain.	YES NO
7) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? (Maiden Name, Married Name, etc.) If “YES” please give name(s) and/or Social Security number(s):	YES NO
8.) Do you currently or have you ever received or lived in any assisted/subsidized housing? If “YES” list in detail date(s) and location(s):	YES NO
9) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? If “YES” list in detail date(s) and location(s):	YES NO
10) Does anyone residing outside of your household receive mail at your residence or claim it as their residence on ANY legal document (driver’s license, government assistance benefits, school, tax forms, vehicle registration, work, etc.) If “YES” list name of person(s) and actual address where they reside	YES NO

B. CONTACTS

Please list information below for two relatives or friends who generally know how to contact you.

Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	
Address		Address	
City/State/Zip		City/State/Zip	

I hereby authorize LMHA to leave a message
 I hereby authorize LMHA to leave a message
 I hereby authorize LMHA to discuss my application process with _____

SECTION VII – CERTIFICATION OF THE FAMILY

I/We hereby certify that I/we understand my/our responsibilities to the Lorain Metropolitan Housing Authority and I/we further acknowledge and understand that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them. I/We hereby swear and attest under penalty of perjury that all of the information contained in this document is true and correct.

I understand that ALL changes in the income of ANY member of the household MUST be reported to the Lorain Metropolitan Housing Authority within 10 days of occurrence. Also the Lorain Metropolitan Housing Authority must approve ANY additional household members before they move in. The head of household must request in writing to add or to remove any member.

WARNING Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult in the Household		Date	
		Signature of Other Adult in the Household	
		Date	

******If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family******

Name	Relationship to Family	Date
------	------------------------	------

LMHA Signature	Date
----------------	------

