



**SEATTLE HOUSING AUTHORITY
PROJECT-BASED VOUCHER PROGRAM
PERSONAL DECLARATION**

**The Porchlight Building
907 NW Ballard Way, Suite 200
Seattle, WA 98107**

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS AND OLDER. *Put N/A for any section that does not apply to you.* Your eligibility for housing is dependent on your family's honest and full completion of this form. Seattle Housing Authority is required by HUD to use the information you provide in this document to obtain third-party verification of your family's income, assets, allowances/deductions and household composition.

ADDRESS

Street Address	City	State	Zip Code
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**PHONE /
EMAIL**

Home #:	Work #:	Message #:	Email Address (if you use email regularly):
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HOUSEHOLD COMPOSITION: List ALL people who are living at the above address – attach an additional page if necessary.

	Household Member's FULL Name	Relation To Head	Social Security Number	Sex M / F	Date of Birth	Disabled or Handicapped?		Hispanic?		Race	Place of Birth (list country if born outside of U.S.)
						Yes	No	Yes	No		
1		HEAD									
2											
3											
4											
5											
6											
7											
8											
9											
10											

Live-in-Aide(s) must be listed in the Household Composition but will not considered a remaining member of the household. Live-in-Aides do not have any rights to the Housing Choice Voucher.



Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in SHA programs.

TOTAL HOUSEHOLD INCOME: List ALL INCOME currently or soon to be earned/received by everyone in your household. Income received on behalf of minors MUST be reported. If a household member is employed, he/she must complete the employment section on page 2 of this form. If you don't have enough room here to write down all the income in your household, attach an additional page. *Put N/A if your household has no income.*

Household Member's Name	Source or Type of Income	Monthly Amount	Other Information (For example, DSHS, Child Support Case Numbers)
		\$	
		\$	
		\$	
		\$	

EMPLOYMENT (ATTACH ADDITIONAL PAGES IF NECESSARY)

Name of Family Member _____ Employer _____ Occupation _____ Date Employment Started _____

Address _____ City _____ ZIP _____ Supervisor _____ Supervisor Phone _____

Name of Family Member _____ Employer _____ Occupation _____ Date Employment Started _____

Address _____ City _____ ZIP _____ Supervisor _____ Supervisor Phone _____

Does anyone outside of your household pay for any of your bills or give you money on a regular basis? Yes No

If yes, please explain in detail (a notarized statement from the person stating frequency and amount of contribution must be supplied):

Is any adult in the household self-employed? Yes No If yes, list business license number here: _____

Is any adult in the household participating in a government training program? Yes No If yes, list name of program here: _____

STUDENT INFORMATION (ADULTS ONLY)

Name of Family Member _____ Name of School _____ Address _____ City _____ ZIP _____

Full time? Yes No Do you receive financial aid, scholarship and/or grant income, etc. ? Yes No

If yes, please explain in detail (verification of all sources of student income and cost of tuition must be supplied) : _____

Name of Family Member _____ Name of School _____ Address _____ City _____ ZIP _____

Full time? Yes No Do you receive financial aid, scholarship and/or grant income, etc. ? Yes No

If yes, please explain in detail (verification of all sources of student income and cost of tuition must be supplied) : _____

TOTAL HOUSEHOLD ASSETS: If NO ONE in your household has any assets, write "0" or "NONE" in the lines below. **If your combined household assets are more than \$5,000.00, you must submit verification, dated within the last 60 days, of ALL assets.**

Type of Asset (Checking or Savings accounts, IRA's, CD's, Stocks, etc.)	Current Value	Current Rate of Interest	Name of Bank or Financial Institution	Account Number(s)
	\$	%		
	\$	%		
	\$	%		

Have you sold any property worth more than \$1000.00 for less than its Fair Market Value within the last two years? **Yes** **No**
(Example: sold a house, cashed in a CD or stocks, etc.)

If yes, please explain in detail and provide verification:

MEDICAL EXPENSES: For households whose head or spouse is age 62 or older, or whose head or spouse is disabled (proof of disability must be on file with Seattle Housing Authority). SHA can deduct medical expenses that are 1) Anticipated to be paid by anyone in the household in the 12 months following the effective date of the review; 2) Are not paid by an outside source; 3) Can be verified by third party sources. Examples of medical expenses include: Services of physicians; medical insurance premiums; prescription medicines; dental expenses; eye glasses; hearing aids and batteries; attendant care or periodic medical care; payments on accumulated medical bills.

I certify my medical expenses anticipated for the next 12 months are as follows (list here and be sure to provide verification): _____

Are you approved for a live-in aide? **Yes** **No** Is a live-in aide presently living with you? **Yes** **No**

DISABILITY ASSISTANCE EXPENSES: For families with a disabled family member (not the head or spouse) (proof of disability must be on file with Seattle Housing Authority). SHA can deduct attendant care and auxiliary apparatus expenses that are: 1) Necessary to enable a family member (including the disabled person) to be employed; 2) Anticipated to be paid in the next 12 months; 3) Not paid or reimbursed by outside sources; 4) Not paid to a family member. The expenses allowed to enable a family member to work cannot exceed the employment income received by the working family member.

I certify my disability assistance expenses are as follows (list here and be sure to provide verification): _____

CHILDCARE EXPENSES: For childcare paid for children under age 13. SHA can deduct childcare expenses if: 1) Such care enables a family member to work or attend school full-time; 2) No adult household member is capable of providing childcare during the hours the care is needed; 3) Amount is not paid to a family member living in the household; 4) Amount is not paid or reimbursed by outside sources. The expenses allowed to enable a family member to work cannot exceed the employment income received by the working family member.

I certify my childcare expenses for the next 12 months are as follows (list anticipated amounts per month and contact information for your provider below):

Childcare Provider's Name: _____ Address: _____

Provider's Phone Number: _____ City, State, Zip Code: _____

Amounts to be paid: _____

PRINT NAME OF HEAD OF HOUSEHOLD: _____

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS:

My signature, as noted and dated below, is confirmation that I do hereby authorize SEATTLE HOUSING AUTHORITY (SHA) to obtain any information deemed necessary by SHA solely for the purposes of determining my eligibility for housing in the Section 8 Housing Choice Voucher program. I understand that SHA will only obtain third party verification of those items related to my household income, assets, allowances/deductions, and household composition. I authorize the persons, businesses and organizations to which such requests are directed to provide the information requested by SHA and I hold them harmless for providing information in accordance with such requests. I agree that copies of this page may be made to authorize inquiries from sources I have given to SHA, or from other sources which become apparent from information collected during the course of completing my review. I understand that SHA will keep my information confidential and not release it to any non-SHA individual or entity except with my permission or as required by law. This consent expires forty (40) months after signed.

*I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Section 8 Housing Choice Voucher program, and may be grounds for termination of assistance. **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 or Agency of the U.S. or the Department of Housing and Urban Development.** NOTICE: Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such an attempt will result in the family's termination of participation in the program, and may result in further legal action against the family on the part of Seattle Housing Authority and/or other federal or state agencies.*

I certify under penalty of perjury that I have completed all the above information to the best of my knowledge and that it is true and correct. I also understand that all changes to my household composition or income that occur after I have completed this review must be reported in writing to Seattle Housing Authority within ten (10) business days of such change.

SIGNATURES:

Head of Household_____	Date_____
Spouse/Co-Head/Partner/Other Adult_____	Date_____
Other Adult (18 or Older)_____	Date_____
Other Adult (18 or Older)_____	Date_____
Other Adult (18 or Older)_____	Date_____

NOTE : Live-in Aides do not sign this form. Minors are not required to sign this form unless the head of household or their spouse is a minor. All signatures must be those of the household member him/herself, except in the case where a legal Power of Attorney authorizes another individual to sign for him/her. If this is the case, such Power of Attorney must be on file with Seattle Housing Authority.

PRINT NAME OF HEAD OF HOUSEHOLD:_____



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