



Project Based Voucher Program

Personal Declaration for Eligibility and Certification

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER

			-			-			
--	--	--	---	--	--	---	--	--	--

CONTACT INFO
(Head of Household)

Write 'NONE' if not applicable

Street address, P.O. Box, or shelter name		City	State	ZIP Code
Mobile phone number	Other phone number	E-mail address		
What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	

► **HOUSEHOLD COMPOSITION AND INCOME** *List every person living with you at least half of the year. Do not list family members who live elsewhere during the school year. Live-in-Aides do not need to list income. Attach a separate page if you need more space.*

Last Name, First Name, Middle Initial	Relation to Head	Social Security Number	Sex (M / F)	Date of birth	Race and Ethnicity (check all that apply)	Income: list all money received by each person in the household <u>per month</u> , including employment/wages, unemployment benefits, child support/alimony, public assistance, and other. If no income, write '0'.
	HEAD	(Entered above)			<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$
					<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Type: \$ Type: \$

► **CURRENT EMPLOYMENT INFORMATION** *Attach a separate page if you need more space.*
 Yes, someone in my household is employed. *Complete the below information.*
 No, no one in my household is employed. *Go to next section.*

Name of household member	Name of employer (or self-employed)	Employment start date	Employer's address	Employer's phone number	Employer's E-mail

► **OTHER HOUSEHOLD INFORMATION** *Attach a separate page if you need more space.*

Yes **No** Is anyone in your household disabled? **If yes**, please list their names:

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reasonable Accommodation: Does anyone in the household have a disability that prevents you from applying for housing, occupying your unit, or participating fully with the program? If yes , we will contact you for more information.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any household members age 18 or older students? If yes , please list their names and school information: Name: _____ School: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name: _____ School: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <i>You must report within 10 business days if enrollment falls below full-time status</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is anyone in your household a veteran of the U.S. military or the spouse of a veteran of the U.S. military? If yes , please list their names:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does anyone outside of your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes , explain here and attach a statement from the person stating how often and the amount:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? If yes , please explain:
Is there any other information you would like us to know about your household?		

► **BANK ACCOUNTS AND OTHER ASSETS** *Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposit (CD), IRAs, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. Assets do not include personal property, such as a personal vehicle or furniture.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are your total household assets \$50,000 or more? If yes , please submit verification of the most recent 60 days for all assets.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you cashed in an asset (such as a CD) in the past 60 days? If yes , how much did you receive? \$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you sold an asset/property in the last two years? If yes , provide an explanation on a separate piece of paper.

► **DEDUCTIONS** *Do you have expenses that you pay out of pocket and anticipate to continue for the next 12 months? You must qualify and you must provide verification in order to receive a deduction. Attach a separate page if you need more space.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child Care Expenses for a child under 13. If yes , estimate the expense amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Expenses. If yes , and if your household is eligible to have medical expenses deducted from your total income, we will send you a Medical Expense Declaration Form.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disability Assistance Expense. If yes , attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense enables the disabled household member or another adult household member to be employed. Estimate the expense amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Household member who is able to work due to this expense: _____

► **CERTIFICATION**

I understand that **all changes** to my household composition, income, or other circumstances that occur **after** I complete this form must be **reported in writing** to Seattle Housing Authority within **10 business days of the change**. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing Authority. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Head of Household Signature	Date	Spouse or Co-head signature	Date
Signature of other household member (age 18+)	Date	Signature of other household member (age 18+)	Date