

RANDOLPH COUNTY HOUSING AUTHORITY

PO BOX 1579/1404 North Randolph Avenue, Elkins, WV 26241

PHONE (304) 636-6495 FAX (304) 636-6596

rcha@rchawv.org

PERSONAL DECLARATION FOR RENTAL ASSISTANCE BENEFITS

Please complete all sections of this form with the appropriate answer. DO NOT leave any questions blank. If a question does not apply, write N/A. If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you.

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

HEAD OF HOUSEHOLD (Person applying)

Last Name	First Name	Middle Initial	Home Phone Number
Mailing Address		Apt Number	Cell Phone Number
City, State	Zip	Work/Message Phone Number	

SECTION 1 – HOUSEHOLD COMPOSITION

FAMILY HOUSEHOLD COMPOSITION

Please list ALL people living in your home.

Please list Head of Household first, followed by spouse/co-head, then oldest to youngest household members

Full Name As it appears on Social Security Card	Age	Date of Birth (month-date-year)	Relationship to Head of Household	Social Security Number	Marital Status
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

SEPARATED/DIVORCED

Please list spouse or ex-spouse information

Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Divorced?	Year Separated
1.			
2.			

ABSENT PARENT(S)

Please list absent parent(s) information for any of the children above

Child Name(s)	Absent Parent Name	Last Known Address	Contact with absent parent?
1.			
2.			
3.			

STUDENT STATUSPlease list all family members who are attending elementary school, high school, vocational school or college
Official school transcripts will be required for all college students

Student Name	Part time or Full Time Student?	School Name	Financial Aid Amount
1.			
2.			
3.			
4.			

SECTION 2 – HOUSEHOLD INCOME**SSI / PENSION / OTHER BENEFITS****YES/NO**

Do you or any household member(s) receive Social Security or SSI Benefits?	
Do you or any household member(s) receive Pension, VA, retirement benefits or an annuity?	
Do you or any household member(s) receive unemployment benefits or disability benefits?	
Name of Household Member	Monthly amount

EMPLOYMENT**YES/NO**

Do you or any household member(s) receive full/part-time earnings or severance pay?		
Do you or any household member(s) receive cash, tips, or bonuses?		
Do you or any household member(s) receive military or reserve pay?		
Are you or any household member(s) self-employed?		
Are you or any household member(s) on leave of absence from work?		
Name of Household Member	Monthly Gross Pay	Name & Address of employer

PUBLIC ASSISTANCE BENEFITS			YES/NO
Do you or any household member(s) receive Cash aid, a medical card, or food stamps?			
Do you or any household member(s) receive adoption or foster care payments?			
Do you or any household member(s) receive In-Home Supportive Services to care for another person?			
Name of Household Member(s)	Monthly Amount	Type of benefit	

CHILD SUPPORT OR ALIMONY BENEFIT(S)			YES/NO
Do you or any household member(s) have an open child support case with a court?			
Do you or any household member(s) receive child support office payments?			
Do you or any household member(s) receive child support or alimony directly from an absent parent or spouse?			
Does the absent parent purchase items for child(ren) such as clothing, food, formula, diapers, etc?			
Name of Child (or adult if alimony)	Absent Parent/Spouse name and Address	Monthly Amount	Cash Value of purchases, clothing, food, formula, etc.

CONTRIBUTIONS		YES/NO
Does anyone outside your household give you money or pay your bill(s) for you?		
Does anyone outside your household buy you supplies such as groceries, gas, etc.?		
Did any organization help you pay a bill or expense?		
If you answered yes to any of the above, please explain:		

FEDERAL INCOME TAX			YES/NO
Did you or any household member(s) file a federal income tax return in the last 12 months?			
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT file a tax return?			
Were you or any household member(s) claimed as a dependent on someone else's taxes?			
Name of Household Member	Tax Year	Reason Taxes Not Filed	Name of Person claiming family member as a dependent

SECTION 3 – ASSETS

Please answer each question below. If you answer yes, please fill out information below for the family member(s) with that asset(s).

ACCOUNT INFORMATION				YES/NO
Do you or any household member(s) have a savings or checking account?				
Do you or any household member(s) have stocks, bonds, or certificates of deposit (CD)?				
Do you or any household member(s) have a money market fund/trust fund?				
Do you or any household member(s) have a retirement, 401K, federal thrift savings plan, IRA or Keogh account?				
Name of Household Member	Company/Bank Name	Type of Account	Account Number	

PROPERTY			YES/NO
Does anyone in your household own or have an interest in commercial or residential real estate or mobile home(s)?			
Has anyone in your household sold any real estate, mobile home(s) or other assets in the last two years?			
Do you or any household member(s) receive income from rental property?			
Name of Household Member	Type of Asset	Market Value	

LUMP SUM INCOME				YES/NO
Did you or any member(s) of your household receive a large sum of money from any source within the last 12 months?				
Name of Household Member	Amount	Date	Type of Income	

SECTION 4 – VEHICLES AND CREDIT CARDS

Please answer each question below. If you answer yes, please fill out information below for the family member(s).

VEHICLES BEING USED BY YOUR HOUSEHOLD					YES/NO
Do you or any household member(s) have a vehicle(s) registered to him/her?					
Do you or any household member(s) have use of any vehicles(s) that is not registered to him/her?					
Name of Registered owner	Make and Model of Vehicle	Year	License Plate #	Monthly Payment	

CREDIT CARD(S) AND LOAN(S)				YES/NO
If you need additional space to answer the questions, you may use another sheet of paper and attach it to this form				
Do you or any household member(s) have a credit card? (Visa, MasterCard, Discover, or American Express)				
Do you or any household member(s) have a charge account at any store?				
Do you or any household member(s) have credit union loans, bank loans, or personal loans?				
Name of Household Member	Creditor/Bank Name	Account Balance	Delinquent or in collections?	Monthly Payment

SECTION 5 – EXPENSES

Please answer each question below. If you answer yes, please fill out information below for the family member(s) with that expense(s).

CHILD CARE AND HANDICAPPED EXPENSES				YES/NO
Do you or any household member(s) pay child care for a child 12 and under so that you can work or attend school?				
Do you or any household member(s) pay for care equipment for a household member with a disability so that you can work or attend school?				
If yes, is the child care or handicapped equipment expense paid for by an agency or by another person outside your household?				
Name of child or disabled member	Monthly Expense	Child Care or Equipment Provider Name	Name of Agency (if paid by an agency)	

MEDICAL EXPENSES				YES/NO
Do you or any household member(s) have Medicare, VA Health Benefits, or other Health Insurance?				
Do you or any household member(s) anticipate having out of pocket medical expenses, including prescription drug costs, in the next 12 months?				
Name of Household Member	Health Insurance Provider	Monthly Premium Amount	Anticipated out of pocket medical expenses in the next 12 months	

HOUSEHOLD EXPENSES					
List the MONTHLY average amount ALL household members pay for each of the following. If the expense does not apply to you write No or NONE. Do not leave any spaces blank.					
Rent	\$	Car Payment	\$	Loan Payment(s)	\$
Gas	\$	Gas for Car	\$	Credit Card(s)	\$
Electric	\$	Car Insurance	\$	Life Insurance	\$
Water	\$	Car maintenance	\$	Medical Bills	\$
Trash	\$	Public Transportation	\$	Medical Insurance	\$
Cable/Internet	\$	Child Care	\$	Groceries/Food	\$
Telephone	\$	Cell Phone	\$	Other/Personal Spending	\$

SECTION 6 – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer yes, please fill out information below for that family member(s).

HOUSEHOLD INFORMATION	YES/NO
Is there a family member(s) with a disability that started a new job or got a raise in the last 12 months? If yes, please explain:	
Is any household member(s) temporarily absent from the home? (Away at school, military service, etc.)	
Has any household member(s) been out of the subsidized unit for more than 30 consecutive days in the past 12 months?	
Does any household member(s) have any minor children who do not live in the home? If yes, please explain:	
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:	
Have you or anyone in your household ever used any name(s) or social security number(s) other than the one you currently use (including maiden name or other married names) or issued by the social security administration? If yes, please give name(s) and/or Social security number(s)	
Have you ever received or lived in any other assisted housing elsewhere? If yes, list detail date(s) and location(s):	
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 a program? If yes, list date and details:	
Does anyone residing outside of your household receive mail at your residence or claim it as their legal residence on ANY legal document, such as a driver's license, vehicle registration, tax forms, school, etc.? If yes, list name of person(s) and actual address where they reside:	

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	

SECTION 7 – CERTIFICATION OF THE FAMILY

I/we hereby certify under penalty of perjury that all the information contained in this document is true and correct. **I understand that ALL changes in income of ANY member of the household must be reported to the Randolph County Housing Authority within 10 days of occurrence.** Also, the Randolph County Housing Authority **MUST APPROVE ANY** additional household members **BEFORE** they move into the household. The head of household must request **in writing** to add or remove any member. Failure to comply with the rules and regulations may result in termination of rental assistance, termination of tenancy, and criminal prosecution.

I/We hereby certify that I/we understand my/our responsibilities to the Randolph County Housing Authority and I/we further acknowledge that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

I/We hereby certify that the above referenced statements have been explained and/or translated to me by a reliable source and/or by my housing specialist.

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. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

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

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

_____ Name	_____ Relationship to Family	_____ Date
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