



PERSONAL DECLARATION FORM

BRING COMPLETED FORM TO YOUR RECERTIFICATION APPOINTMENT

If you or anyone in your family is a person with disabilities that requires a specific accommodation in order to complete this form and/or to fully utilize our programs and services, please put your request in writing.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER MUST ATTEND THE APPOINTMENT!

ARE YOU RENEWING YOUR LEASE? YES NO

NAME: _____ HOME PHONE: _____
(Last) (First) (Middle Initial)

CURRENT ADDRESS: _____ WORK PHONE: _____

CITY, STATE, ZIP: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED OTHER

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:

Do you require a translator? YES NO If yes, what language do you speak? _____

Do you read, write and understand the English language? YES NO

***HOUSEHOLD INFORMATION**

Are you, or is anyone in your household, a Veteran? (circle) YES NO

Please list YOURSELF and ALL PERSONS living in the assisted unit.

MBR #	Last Name	First Name	MI	Age	Sex	Relation to Head	DOB	Marital Status	Disability? (Yes/No)	Social Security #
1					<input type="checkbox"/> Male <input type="checkbox"/> Female	Head			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	

***Live-in Aides must be listed in the Household Composition.**

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Phone: (727) 323-3171 • Fax: (727) 328-6699 • TDD: 1 (800) 955-8770 • TTY: 1 (800) 955-8771

*** FAMILY INCOME**

Please check ANY of the following types of income that ANY members of your household now receive or expect to receive in the next twelve (12) months:

- | | | |
|---|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Pension | <input type="checkbox"/> TANF(Cash Assistance) | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Employment Wages | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Others(Gifts, ETC) |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Workman's Compensation |

On the chart below list all sources and gross amounts of money received by any or all members of your household.

Member Name	Employee Wages		Unemployment Compensation	(TANF)	Child Support	Social Security/SSI	Other (Explain)
	\$ / hr	# hrs/week					

*** EMPLOYMENT INFORMATION**

Person Employed: _____
 Employer's Name: _____
 Address: _____
 Telephone #: _____
 Fax #: _____

Person Employed: _____
 Employer's Name: _____
 Address: _____
 Telephone #: _____
 Fax #: _____

*** FAMILY ASSETS**

Do you have a checking account? **YES** **NO** **Balance: \$** _____
 Do you have a savings account? **YES** **NO** **Balance: \$** _____

*** EDUCATION**

Do any household members 18 or older attending high school or college? If YES, please list below. (circle) **YES** **NO**

Household Member	Name of School	Grade	Full or Part Time

For each student, please supply: Proof of registration and proof of the amount of tuition from the school.

*** FAMILY DEDUCTIONS**

CHILDCARE

Do YOU pay child care for a family member under the age of thirteen (13)? **YES** **NO**
 For which child(ren)? _____
 Child Care Name: _____

Address:

Total Monthly Cost: _____ Your cost: _____

***MEDICAL & HANDICAPPED ASSISTANCE EXPENSES**

If the head of household or spouse is 62 years of age or older, or a person with disabilities you may be eligible to have your household medical expenses considered in the determination of your housing benefits.

In the last 12 months, have you paid any medical expenses for which YOU were totally responsible?

YES NO

If yes, please provide receipts for non-covered medications, or medical expenses, a pharmacy print-out showing your payment, canceled checks, OR a 12 month account statement from the provider.

***AUTHORIZATION**

I/we certify that we understand that I/we must report all changes of criminal status, income, or family size within ten (10) days of the change. I/we understand that all changes must be reported in writing. I/we understand that no person other than those listed on the housing application may occupy an assisted unit.

I/we understand that the Housing Authority is authorized to obtain criminal arrest records from law enforcement agencies to assist them in screening applicants and family members to be admitted to or remain in the program. This authority assists the Housing Authority in complying with HUD requirements to deny or terminate assistance to applicants or participants in the program who are engaging in or have engaged in violent criminal or drug related activities. These activities are defined by HUD located within the HUD Contract.

In signing this document I/we confirm that I/we fully comprehend and I/we do hereby swear and attest that all of the above information about me/us and all members living within my/our Subsidized Housing Unit is true and correct. I also understand that any false statements made in an attempt to receive or continue to receive public assistance benefits is a crime under Florida Statute 414.39. WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Print Name

Date

Signature of Spouse or Other Adult

Print Name

Date

Signature of Other Adult

Print Name

Date

Signature, SPHA Representative

Print Name

Date