



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

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www.RegionalHA.org

PERSONAL DECLARATION

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

Current Address: _____

Primary Phone: (____) _____ **Alternate Phone:** (____) _____

HOUSEHOLD COMPOSITION: List all people who are living at the above address-attach an additional page if necessary

Family Member	Legal Name (Last, First MI)	Relation to Head	Sex (M/F)	Student (Y/N)	Disabled (Y/N)	Hispanic or Latino Y/N	Race
1		HEAD					
2							
3							
4							
5							
6							
7							
8							

Live-In-Aide(s) must be listed but will not be considered a remaining member of the household.

HOUSEHOLD INFORMATION

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? YES NO (if yes, please include a copy of the person's birth certificate and social security card) **If yes, explain** _____

2. Do you expect the number of household members to change in the future? YES NO

If yes, explain _____

3. Have any of the household members used names or a social security number other than the names and numbers used above? YES NO

If yes, explain _____

4. Are any or all adult members of the household full-time students? YES NO

If yes, list _____

5. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime either felony or misdemeanor? YES NO

If yes, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____ County: _____

6. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? YES NO

7. Do you or any member of your household have criminal charges pending now? YES NO

If yes, please explain _____

INCOME INFORMATION

All income for ALL household members must be reported (including minors). Include GROSS income (before taxes or deductions) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

** Note if you are a seasonal worker please include expected earnings from seasonal employment **

Please provide proof of any income.

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?
(Provide 2 months of paystubs for each person/job. Seasonal, provide 12 months of paystubs) YES NO

If yes, explain _____

2. Unemployment benefits, Disability Payments, or worker's compensation? YES NO

If yes, list _____

3. Public Assistance, General Relief, Food Stamps, or Temporary Aid to Need Families (TANF)? YES NO

If yes, please provide a current Passport to Services and any Notice of Actions since your last recertification.

4. Social Security, SSI or any other payment from the Social Security Administration? YES NO

If yes, please list who is receiving payment _____

5. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? YES NO

6. (a) Child Support or Spousal Support (alimony)? YES NO

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: _____

Court of Law Name of Court: _____

Directly from Individual Name of Person: _____

Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? YES NO

7. Regular payments from a severance package, or any type of settlement? YES NO

8. Disability, death benefits or life insurance dividends? YES NO

9. Regular gifts or payments from anyone outside of the household? YES NO

(This includes anyone supplementing your income or paying any of your bills.)

10. Educational grants, scholarships, or other student benefits? YES NO

If yes, please list who is receiving (and provide the most recent award letter) _____

11. Regular payments from lottery winnings or inheritances? YES NO

12. Regular payments from rental property or other types of real estate transactions? YES NO
13. Any other income sources or types not listed above? YES NO
14. Do you or any household member expect any change in income in the next 12 months? YES NO

If yes, explain: _____

15. Are YOU or is ANY OTHER ADULT member of your household claiming ZERO income? YES NO

If yes, who? _____

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends, or any other income derived from the asset.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account(s)? YES NO

If yes, provide most current statement for each account, or complete the attached Self-Certification form

2. CD's money market accounts, treasury bills, stocks, bonds, securities, or trust funds? YES NO

Are any of the above listed trusts irrevocable? YES NO

5. Pensions, IRAs, 405Ks, 403Bs, KEOGH, or other retirement accounts? YES NO

If yes, please provide most recent statement

6. Cash on hand? YES NO If yes, amount \$ _____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? YES NO

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes a personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) YES NO

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does NOT include personal belongings such as your car, furniture or clothing.) YES NO

10. Do you have a safe deposit box containing contents with a monetary value? YES NO

If yes, explain: _____

11. Have you or any household member disposed, sold or given away any asset(s) within the past 2 years?

YES NO

ADJUSTMENTS

For all Adjustments, please provide receipts or another form of proof of payment.

1. Do you pay a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes, and are not reimbursed? YES NO

2. Are you or any other household member disabled? YES NO

3. Do you pay for care or equipment for a disabled family member so that either the disabled member or another member of your family may work, and you are **not** reimbursed for? YES NO

If yes, explain: _____

3. Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expenses that they are **not** reimbursed for) YES NO

ETHICS STATEMENT

The Regional Housing Authority requires that all tenant, prospective tenants, and employees provide the following information.

Do you have a business or personal relationship with any employee (or past employee) or board member of the Regional Housing Authority?

YES NO

If yes, please explain: _____

IMPORTANT NOTICE

All information provided on this document will be verified. It is your responsibility to provide all necessary information to properly process your paperwork and verify your eligibility. Failure to provide any required information may cause assistance to be delayed, denied or terminated.

Authorizations, Representations and Certifications

My signature, as noted and dated below, is confirmation that I do hereby authorize the Regional Housing Authority to obtain any information deemed necessary for the purposes of determining my eligibility for housing/assistance. I understand that the Regional Housing Authority may obtain third party verifications of those items related to my household income, assets, allowances/deductions, household composition, and criminal background.

I understand that the Regional Housing Authority is relying on information provided by me to prove my household's eligibility for housing/assistance under a program of the U.S. Government. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I consent to release the necessary information to determine my eligibility. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program. **WARNING:** Title 18, Section 1001 of the US 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 US.

The California Fair Employment and Housing Act prohibits discrimination in housing on these same bases, as well as gender, gender identity, gender expression, sexual orientation, marital status, ancestry, source of income, and genetic information.

Discrimination complaints may be filed with California's Department of Fair Employment and Housing at www.dfeh.ca.gov, or HUD's Office of Fair Housing and Equal Opportunity at www.hud.gov

ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

IF YOU OR ANYONE IN YOUR HOUSEHOLD IS A PERSON WITH DISABILITIES, AND YOU REQUIRE AN ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE.

