



# Alachua County Housing Authority

Gail Monahan, Executive Director  
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<b>Personal Declaration Form</b>						<b>For Office Use</b>	
<i>Incomplete forms will not be processed. Answer all questions, do not leave any questions blank. If a question does not apply to you, write "NA" as your answer.</i>						<input type="checkbox"/> Application <input type="checkbox"/> Annual Reexamination <input type="checkbox"/> Monthly Examination <input type="checkbox"/> Other	
<b>Name of Applicant (Head of Household):</b>							
<b>Present Physical Address:</b>							
<b>Present Mailing Address:</b>							
<b>Contact Phone #:</b>							
<b>Current Landlord Name and Phone #:</b>			Phone Number:				
<b>Your Current Rent Amount:</b>							
<b>HOUSEHOLD COMPOSITION</b>							
<b>List all persons who are currently living in your household including yourself, spouse, and children that you have LEGAL CUSTODY of and who have NOT been removed from your custody.</b>							
Full Name	Sex	Age	D.O.B.	S.S.N.	Relationship	Do you have Legal Custody?	
1.					<b>Head</b>		
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
<b>1. Have any of your children been removed from your custody (including temporary)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes who and when were they removed from your custody? _____ _____ _____							
<b>**If your children were removed from your custody by Partnership for Stronger Families and/or Department of Children and Families you will be required to submit a case plan.</b>							
<b>2. Does any member of your household 18 years or older attend school full time or part time?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes who and where attending? _____ _____							
<b>3. Have you or any member of your household ever lived in Public Housing?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes who, when, & where from? _____ _____							
<b>4. Have you or any member of your household ever been evicted from Federally Assisted Housing?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes who, when, & where from? _____ _____							
<b>5. Have you or any member of your household ever participated in the Section 8 Program?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes who, when, & where from? _____ _____							

**HOUSEHOLD COMPOSITION (Continued):**

**6. Do you or any member of your household, owe money to any Housing Authority?**

- No
- Yes, if yes, which authority? \_\_\_\_\_

**7. Have you or any household member ever committed fraud in any assisted housing program or been asked to repay money to any housing program?**

- No
- Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**8. Have you or any member of your household used any alternative last name, maiden name, or any other than the names listed above?**

- No
- Yes, if yes, w ho and alternative name(s) used: \_\_\_\_\_  
\_\_\_\_\_

**9. The ACHA will screen all adult household members for criminal activities. Has any member of your household ever been arrested or convicted of a crime?**

- No
- Yes, if yes who and what crime: \_\_\_\_\_  
\_\_\_\_\_

**10. Is any member of your household registered as a lifetime sexual offender?**

- No
- Yes: \_\_\_\_\_

**11. VOLUNTARY: Does any member of your household require a handicap accessible unit or accommodations?**

- No
- Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**12. VOLUNTARY: Are you currently homeless?** Homeless:(a) Lack a fixed, regular, and adequate nighttime residence (b) Have a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) (2) An institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.. **(You must be able to provide verification)**

- No
- Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**ABSENT PARENT(S) OF DEPENDENT CHILD(REN)**

Absent Parent's Name	Address	Contact #	Child Support Order? If yes, what County and Case #?
1.			
2.			
3.			
4.			

**Is anyone in your household legally married?**

- No
- Yes, if yes complete the below items:

Household Member	Spouse's Name	Spouse's Address	Spouse's Contact #
1.			
2.			
3.			
4.			
5.			

**INCOME AND CONTRIBUTIONS**

List ALL income and contributions received by everyone in your household. This includes wages, AFDC, Food Stamps, Social Security Disability, SSI, VA Benefits, Child Support, Pension, VA Benefits, Severance Pay, Income Contributions, Lump Sum Payments, Unemployment Benefits, Self Employment, etc.

Name (Recipient)	Source or Employer Name	Gross Monthly	Child Support Case #	Date Started
1.				
2.				
3.				
4.				
5.				
6.				

**1. Has any member of your household received any lump sum payments within the past 12 months?**  
 No  
 Yes, if yes who and where from? \_\_\_\_\_

**2. Do any organizations or anyone outside your household pay for bills?**  
 No  
 Yes, if yes what organization, amount, and explain: \_\_\_\_\_  
 \_\_\_\_\_

**3. Does anyone work for anyone who pays cash?**  
 No  
 Yes, if yes explain: \_\_\_\_\_  
 \_\_\_\_\_

**4. Does anyone receive regular contribution income from any other source outside your household? For example, does anyone pay any of your bills or give you money on a regular basis?**  
 No  
 Yes, if yes explain: \_\_\_\_\_  
 \_\_\_\_\_

**INCOME CONTRIBUTIONS**

**Does anyone, including children, receive or expect to receive money from any source listed below?**

ITEM:	YES:	NO:	WHO RECEIVES:	MONTHLY AMOUNT:
1. Training				
2. Work Study				
3. Educational Loans				
4. Grants/Scholarships				
5. TANF				
6. Food Stamps				
7. Unemployment Benefits				
8. Workers Compensation				
9. Child Support				
10. Spousal Support				
11. Social Security				
12. SSI				
13. Pension/Retirement				
14. Veteran's Benefits				
15. Military Pay				
16. Railroad Retirement				
17. Interest/Assets				
18. Rental Property Income				

ITEM:	YES:	NO:	WHO RECEIVES:	MONTHLY AMOUNT:
19. Employment				
20. Employment				
21.				
22.				

ASSETS: Does any member of the household have any of the following?	
1. Does anyone in your household currently own any real estate, such as land, a home, mobile home, etc.?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes explain: Type: _____ Address: _____ _____ Estimated Value: _____
2. Does anyone in your household have any stocks, bonds, mutual funds, etc?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes explain: _____ Estimated Value: _____
3. Does anyone in your household operate a business?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes explain: Type: _____ Address: _____ _____ Annual Profits: _____
4. Has anyone disposed of any assets in the last 2 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes explain: Type: _____ <input type="checkbox"/> _____

Checking and Savings Accounts: List all accounts for all household members			
Family Member Name	Bank Name & Address	Type of Account/Acct. #	Balance
1.		Checking:___ Savings:___ Acct #:_____	
2.		Checking:___ Savings:___ Acct #:_____	
3.		Checking:___ Savings:___ Acct #:_____	

VEHICLE(S): List all vehicles that you currently own, operate, or currently being used by your household members.			
VEHICLE MAKE/MODEL	TAG NUMBER	REGISTERED OWNER	LOAN PAYMENT AMOUNT
1.			
2.			
3.			
4.			

**HOUSEHOLD EXPENSES: Answer all questions; do not leave any questions blank. If a question does not apply to you, write "NA" as your answer.**

<i>Expense</i>	<i>Name of Provider</i>	<i>Deposit Amount</i>	<i>Cost of Monthly Service</i>	<i>Income Source Used to Pay for this Expense</i>
1. RENT				
2. ELECTRICITY				
3. GAS (Utilities)				
4. WATER				
5. FOOD				
6. BABY FORMULA				
7. DIAPERS				
8. CAR PAYMENT				
9. CAR INSURANCE				
10. CAR MAINTENANCE				
11. HEALTH INSURANCE				
12. LIFE INSURANCE				
13. PRESCRIPTIONS				
14. CELL PHONE				
15. HOME PHONE				
16. CABLE TV				
17. INTERNET SERVICE				
18. LAUNDRY EXPENSE				
19. STUDENT LOANS				
20. OTHER LOANS				
21. FURNITURE				
22. CHILDCARE				
23. HAIR EXPENSES				
24. MANICURE EXPENSE				
25. PEDICURE EXPENSE				
26. DENTAL EXPENSE				
27. HYGIENE PRODUCTS				
28. CLEANING PRODUCTS				
29. ENTERTAINMENT				
30. CLOTHING				
31. SHOES				
32. CIGARETTES				
33. CIGARS				
34. PIPES				
35. ALCOHOL				
36. PET EXPENSES				
37. CHURCH				
38. EDUCATIONAL				
39. JOB EXPENSES				
40. GAS (vehicle):				

**CHILD CARE EXPENSES**

**Do you receive any assistance with your child care expenses?**

- No
- Yes, if yes from who and how much? \_\_\_\_\_  
\_\_\_\_\_

**Do you have out of pocket child care expenses (not paid by an agency) for a child under the age of (12) and the child care enables you to go to work or school? If so complete the following:**

Child Care Provider	Child's Name	Provider Address	Monthly Fees
1.			
2.			
3.			

**MEDICAL – this section is for ELDERLY OR DISABLED HOUSEHOLDS ONLY. Only check items not paid by an outside funding source, such as insurance, Medicare, medical assistance (Forward), or grants from a state agency/charitable organization/pharmaceutical company, etc.  
(Documentation for your medical expenses will be required)**

**Prescription medicines/supplies** (You must submit a print out or receipts from your pharmacy for your prescription expenses):

Name of qualifying household member(s): \_\_\_\_\_  
Give name, address, and fax # of your pharmacies: \_\_\_\_\_  
\_\_\_\_\_

**Outstanding hospital, doctor & dentist bills** (Send us a copy of most recent bill showing outstanding balance and any verification of payments that have been made).

Name of qualifying household member(s): \_\_\_\_\_  
Payments (per month): \$ \_\_\_\_\_

**Medical (NOT LIFE) insurance premiums.** (Send us your last 2 consecutive canceled checks, money orders, or bank statements showing premium amount/deduction and frequency of payment.)

Name of qualifying household member(s): \_\_\_\_\_  
Give name, address, & fax# of your insurance company: \_\_\_\_\_  
\_\_\_\_\_

**Attendant care for disabled family member.** Please tell us about nature of expense(s):

Name of qualifying household member(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eyeglasses, hearing aids, etc.** Please tell us about anticipated costs for coming year. Name & address of doctor.

Name of qualifying household member(s): \_\_\_\_\_  
Give name, address, & fax# of your doctor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PETS**

**Do you have any pets?**

- No
- Yes, if yes what kind of pet/breed: \_\_\_\_\_

**Does your pet have up to date shots? (Documentation and pet deposit will be required)**

- No: \_\_\_\_\_
- Yes: \_\_\_\_\_

<b>EMERGENCY CONTACTS: In case we have problems contacting you, list the names of two relatives or friends you would like us to contact:</b>		
<b>Name</b>	<b>Telephone Number</b>	<b>Relation</b>
1.		
2.		
3.		

<p><b>Did anyone assist you with completing this form today?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, if yes who? _____</p> <p><input type="checkbox"/></p>
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<p><b>ADDITIONAL COMMENTS:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
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**I do hereby swear and attest that all of the information above is true and complete. I also understand that all changes in the income of any member of the household as well as any changes in the composition of household members must be reported to the ACHA.**

**I understand I must obtain permission from my landlord and the ACHA before adding another person to my household except for the birth of a child or adoption.**

**I understand I must report any income earned by household members who turn 18 during the year, even if they are full-time students. I understand these changes must be reported in writing within 10 days of the change happening.**

**I understand that any false information my household provides will result in my file being referred to the Florida Department of Law Enforcement (FDLE) for investigation and prosecution.**

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Signature**

\_\_\_\_\_  
**Date**

**WARNING!! Title 18, Sect. 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 dept. or agency of the United States.**

**AUTHORIZATION TO RELEASE INFORMATION TO THE ACHA**

**I authorize the release of any information deemed pertinent by the Alachua County Housing Authority for establishing eligibility or continued participation in any of the agency's housing assistance programs. I agree that photocopies of this authorization may be used for these purposes. Requested information includes, but is not limited to any of the following:**

1. Income from any source (employment, pension, child support, federal, state or local benefits, financial aid, alimony, annuities, asset income, etc.)
2. Expenses such as childcare and handicapped assistance expenses.
3. Medical expenses to give a medical deduction for participants, to include, but not limited to: regular monthly payments on medical bills, hospital services, health insurance premiums, co-pays, prescription costs, vision costs, dental treatment, medical equipment, or an other medical expense allowed.
4. Information from previous landlords, law enforcement agencies, criminal check through the Alachua County Sheriff's Office, Gainesville Police Department, Florida Department of Law Enforcement, State Patrol, and FBI National Crime Information Center, courts, credit bureaus, schools, utilities, etc. for the purpose of screening prospective tenants.
5. Information regarding any minor or foster children.
6. Any information on past history required for any of the above.

**All adult household members must print their name and sign below.**

Head of Household- Print Your Name	Signature	Date
Other Adult- Print Your Name	Signature	Date
Other Adult- Print Your Name	Signature	Date
Other Adult- Print Your Name	Signature	Date
Other Adult- Print Your Name	Signature	Date

**This release is intended only for the use of the individual or entity to which it is addressed, and it may contain information that is privileged and confidential. Any dissemination, distribution, or copying of this form is strictly prohibited.**