



Alachua County Housing Authority

703 N.E. 1st Street · Gainesville, FL 32601
 (352) 372-2549 · Fax (352) 373-4097
 www.acha-fl.com

PERSONAL DECLARATION FORM

Please answer ALL of the questions below to the best of your knowledge regarding all members residing in your household. If a question does not apply to you, write "N/A" as your answer.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please notify the housing authority in writing or by phone at (352) 372-2549.

| | |
|---------------------------------------|--|
| Name of Head of Household: | |
| Have you ever used any other name(s)? | <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes what name(s): |
| Physical Street Address: | |
| City, State, & Zip: | |
| Mailing Address: | |
| City, State, & Zip: | |
| Home Phone #: | |
| Alternate Phone #: | |
| Current Landlord's Name and Phone #: | |

FAMILY COMPOSITION

List all persons who will be living in your household including yourself, spouse, live in aid, and children that you have **LEGAL CUSTODY** of and who have **NOT** been removed from your custody.

| Full Name | Sex | Age | Birthdate | Social Security # | Relation to Head | US Citizen or Legal Resident |
|-----------|-----|-----|-----------|-------------------|------------------|--|
| 1. | | | | | HEAD | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please use additional sheets, if necessary, to list all persons who will live in the unit.

*****Note for New Applicants:** If your address or family composition changes in the near future, please notify the Alachua County Housing Authority promptly in writing at 703 NE 1st Street Gainesville, FL 32601.



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FAMILY INFORMATION

Please answer **ALL** of the questions below to the best of your knowledge regarding all members residing in your household. If a question does not apply to you, write "N/A" as your answer.

1. Do you or any member(s) of your family have a disability?

No Yes, which member(s): _____

2. Do you or any member(s) of your family need special housing accommodations?

No Yes, which member(s): _____

3. Do you or any member(s) of your family require a live-in care attendant?

No Yes, which member(s): _____

4. Do you or any family member(s) have a payee, a guardian, or a conservator? Yes No

If yes, please put name, address, and phone information here:

5. Does anyone have power of attorney for you or any member of your household? Yes No

If yes, please put name, address, and phone information here:

6. List all Cities, Counties, and States you have lived:

| Name used at time of residency | Dates you lived there | City | County | State |
|--------------------------------|-----------------------|------|--------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

7. Is anyone in your household currently legally married?

No Yes, which member(s): _____

If yes, please complete below information pertaining to spouse(s):

| Spouse's Name | Address | Contact Phone # |
|---------------|---------|-----------------|
| 1. | | |
| 2. | | |

8. List all ex-husbands or ex-wives:

| Name | Address | Contact Phone # |
|------|---------|-----------------|
| 1. | | |
| 2. | | |



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FAMILY INFORMATION

9. Is any member of your household expecting a child? No Yes, complete below:

| Household Member's Name | Expected Due Date |
|-------------------------|-------------------|
| 1. | |
| 2. | |

10. 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. | | | |

11. Have any of your children been removed from your custody**(including temporary)?

- No
 Yes, which child(ren)? When were they removed? With whom do they reside?
 Are children listed on the family composition living in your home now? No Yes

**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.

12. Are you displaced by a DECLARED natural disaster, such as a flood, hurricane, earthquake, etc?

- No
 Yes, please explain: _____

13. Are you displaced by domestic violence?

- No
 Yes, please explain and attach documentation:



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FAMILY INFORMATION

14. 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: _____

15. Does any member of your household 18 years or older attend school full time or part time?

No

Yes, please complete below **AND** you will need to provide a VERIFICATION of their ENROLLMENT FROM THE SCHOOL'S REGISTRARS OFFICE:

| Household Member's Name | School Attending | Start Date & Status |
|-------------------------|------------------|---|
| 1. | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| 2. | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| 3. | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |

16. Have you or any member of your household ever participated in a Public Housing Program and/or the Housing Choice Voucher Program (Section 8)? No Yes, complete below:

| Member Name | Housing Authority | City & State | What Program | When |
|-------------|-------------------|--------------|--------------|------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |



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FAMILY INFORMATION

17. Have you or any member of your household ever been evicted from Federally Assisted Housing, Section 8 or Public Housing? No Yes, complete below:

| Member Name | Rental Agency | City & State | What Program | When |
|-------------|---------------|--------------|--------------|------|
| 1. | | | | |
| 2. | | | | |

18. Do you or any member of your household owe any money to any other subsidized agencies or Public Housing Authority? No Yes, complete below:

| Member Name | Housing Authority | City & State | What Program | When |
|-------------|-------------------|--------------|--------------|------|
| 1. | | | | |
| 2. | | | | |

19. 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, complete below:

| Member Name | Housing Authority | City & State | What Program | When |
|-------------|-------------------|--------------|--------------|------|
| 1. | | | | |
| 2. | | | | |

20. 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, complete below:

| Household Member's Name | What was the offense? | When & Where |
|-------------------------|-----------------------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |



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FAMILY INFORMATION

21. Is any member of your household currently on parole or probation?

No Yes, complete below:

| Household Member's Name | What was the offense? | Jurisdiction/Location & Probation Officer's Name and Contact # |
|-------------------------|-----------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |

22. Does any member of your household have any pending court cases?

No Yes, complete below:

| Household Member's Name | Case # | Jurisdiction/Location |
|-------------------------|--------|-----------------------|
| 1. | | |
| 2. | | |
| 3. | | |

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

No Yes, complete below:

| Household Member's Name | Start Date: | Jurisdiction & Location |
|-------------------------|-------------|-------------------------|
| 1. | | |
| 2. | | |

24. Is there any additional Family Information you would like to disclose: No Yes



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HOUSEHOLD INCOME, CONTRIBUTIONS, AND/OR ASSETS

List **ALL** income and contribution sources and amounts received by everyone in your household. This includes Employment Wages, AFDC (TANF), Social Security Disability, SSI, Child Support, Pension, VA Benefits, Severance Pay, Contributions, Unemployment Benefits, Worker's Compensation, Self Employment, Food Stamps, Investment Income, etc.

| Recipient's Name | Income Source and/or Employer Name | Gross Monthly | If Child Support provide Case # | Date Started Receiving |
|------------------|------------------------------------|---------------|---------------------------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

1. Did you or any member of your household file income taxes for the prior tax year?

- No
 Yes, who filed? _____

Checking and Savings Accounts: List all accounts for all household members

| Family Member Name | Bank Name & Address | Type of Account/Acct. # | Balance |
|--------------------|---------------------|--|---------|
| | | Checking:___ Savings:___ Acct #:_____ | |
| | | Checking:___ Savings:___ Acct #:_____ | |



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Please answer **ALL** of the questions below to the best of your knowledge regarding all members residing in your household. If a question does not apply to you, write "N/A" as your answer.

1. Has any member of your household received any lump sum payments (Including Child Support, Social Security, Income Tax, Unemployment Benefits) within the past 12 months?

- No
- Yes, who, where from, when, and how much?

2. Do any organizations or anyone outside your household pay for bills (ie: Catholic Charities, Community Action Agency, Department of Children and Families)?

- No
- Yes, what organization, for payment of what costs, amount, how often received:

3. Does anyone in the household work for anyone who pays for their work in cash?

- No
- Yes, please explain: _____

4. Does anyone receive regular contribution income from any other source outside your household? For example, does anyone pay any portion of your bills or give you money on a regular basis?

- No
- Yes, please explain: _____

5. Do you have any of the following?

- Installment Loans Yes No \$ _____ Per Month
- Rent-to-Own Accounts Yes No \$ _____ Per Month
- Credit Cards Yes No \$ _____ Per Month
- Layaway Accounts Yes No \$ _____ Per Month

How do you make the payments?



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Please answer ALL of the questions below to the best of your knowledge regarding all members residing in your household. If a question does not apply to you, write "N/A" as your answer.

6. **CHILDCARE:** 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?

- No
- Yes, if so complete the following:

| Child Care Provider | Provider's Address | Child's Name | Monthly Fees |
|---------------------|--------------------|--------------|--------------|
| | | | |
| | | | |
| | | | |

7. Do you receive any assistance with your child care expenses?

- No
- Yes, who provides the assistance and how much?

8. VEHICLES

| 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. | | | |

How much do you spend each month for gas? \$ _____

How much is your car insurance \$ _____ Per Month 6 months

How do you pay for it?

How do you pay for title and registration fees?

How do you pay for repairs?



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INCOME CONTRIBUTIONS

Does anyone, including children, Receive or Expect to Receive money from any source listed below?

| ITEM | YES | NO | WHO RECEIVES? | GROSS MONTHLY AMOUNT |
|---------------------------------|-----|----|---------------|----------------------|
| 01. Employment/Self Employment | | | | |
| 02. Employment/Self Employment | | | | |
| 03. TANF/AFDC | | | | |
| 04. Food Stamps | | | | |
| 05. Educational Loans | | | | |
| 06. Grants/Scholarships | | | | |
| 07. Unemployment Benefits | | | | |
| 08. Training/ Work Study | | | | |
| 09. 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/Investments | | | | |
| 18. Workers Compensation | | | | |
| 19. Rental Property Income | | | | |
| 20. Family/Friend Contribution | | | | |
| 21. Other: | | | | |
| 22. Other: | | | | |



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ASSETS

Does any member of your 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.?

Yes No **If yes, explain type:**

Type _____

Address: _____

Estimated Value: \$ _____

2. Does anyone in your household have any stocks, bonds, mutual funds, etc.?

Yes No **If yes, explain type:**

Estimated Value: \$ _____

3. Does anyone in your household operate a business?

Yes No **If yes, explain type:**

Type _____

Address: _____

Annual Profits: \$ _____

4. Other Asset(s):



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HOUSEHOLD EXPENSES

Answer ALL questions - Do not leave any questions blank.

If a question does not apply to you, write "N/A" as your answer.

| Household Expense | Name of Provider | Deposit Amount (if applicable) | Average Monthly Costs | Income Source Used to Pay for this Expense |
|----------------------|------------------|-----------------------------------|--------------------------|---|
| 01. RENT | | | | |
| 02. ELECTRICITY | | | | |
| 03. GAS (Utilities) | | | | |
| 04. WATER | | | | |
| 05. FOOD | | | | |
| 06. BABY FORMULA | | | | |
| 07. DIAPERS | | | | |
| 08. CAR PAYMENT | | | | |
| 09. 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 | | | | |



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| Household Expense | Name of Provider | Deposit Amount (if applicable) | Average Monthly Costs | Income Source Used to Pay for this Expense |
|-----------------------|------------------|-----------------------------------|--------------------------|---|
| 26. DENTAL EXPENSES | | | | |
| 27. HYGIENE PRODUCTS | | | | |
| 28. CLEANING PRODUCTS | | | | |
| 29. ENTERTAINMENT | | | | |
| 30. CLOTHING & SHOES | | | | |
| 31. MEDICAL BILLS | | | | |
| 32. CIGARETTES | | | | |
| 33. CIGARS & PIPES | | | | |
| 34. DRINKING ALCOHOL | | | | |
| 35. HOMEOWNERS INSUR. | | | | |
| 36. PET EXPENSES | | | | |
| 37. CHURCH TITHES | | | | |
| 38. EDUCATIONAL | | | | |
| 39. JOB EXPENSES | | | | |
| 40. GAS (VEHICLE) | | | | |
| 41. OTHER EXPENSES | | | | |

PETS

1. Do you have any pets? (A pet deposit will be required)

- No
- Yes, what kind of pet, breed & weight : _____

2. Does your pet have up to date shots? (Documentation will be required)

- No
- Yes: _____



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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, & fax # of your pharmacies: _____

- Outstanding hospital, doctor & dentist bills.** *(Send/bring us a copy of most recent bill showing outstanding balance and any verification of three (3) consecutive payments that have been made.)*

Name of qualifying household member(s): _____

Payments (per month): \$ _____

- Medical (NOT LIFE) insurance premiums.** *(Send us your last two (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 of qualifying household member(s): _____

Give name, address, & fax # of your doctor: _____



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CERTIFICATION

Did anyone assist you with completing this form today?

- No
- Yes, who assisted? _____

Signature of person assisting

Date

Contact Phone #

I/we have answered every question on this application truthfully and correct to the best of my/our knowledge with the understanding that any misrepresentation could result in the denial of my application and/or termination of my housing assistance.

I/we understand that the information on this personal declaration will be verified.

I/we authorize the release of information to the Alachua County Housing Authority (ACHA) by my/our employer(s), the Department of Children and Family Services, the Social Security Administration, and/or other business or government agencies.

I/we also understand that any changes in household income and/or composition must be reported to the ACHA in writing within ten (10) days of the change. I understand that this includes any income earned by household members who turn eighteen (18) years old during the year, even if they are full-time students.

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/OR prosecution.

Head of Household Signature

Date

Co-Applicant/Spouse Signature

Date

Other Adult Household Member

Date

Other Adult Household Member

Date