

**HOUSING AUTHORITY OF OWENSBORO  
PERSONAL DECLARATION**

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULTS**

**Are you applying for (CIRCLE ONE):      PUBLIC HOUSING                  SECTION 8                  BOTH**

Please complete this form **in your own handwriting**. Use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign below to certify the information pertaining to them. **For this program, the Head of the Household simply refers to the person whose name the assistance is in.** Thank you for your cooperation, we look forward to assisting you.

**PLEASE PRINT AND COMPLETE THIS FORM IN INK**

**1. HOUSEHOLD COMPOSITION:** Complete for all persons who will be living in your home listing head of household first. Please provide your telephone number or a telephone number where a message may be left.  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(where you live now) Telephone: \_\_\_\_\_

Please provide an alternate contact person in case we are unable to contact you in a timely manner. Name of alternate contact person is: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Are you currently residing in Daviess County, Kentucky? **YES** or **NO**  
If you answered **YES** to the above question, how many months have you currently been residing in Daviess County? **CIRCLE ONE:**      OVER 12 MONTHS                  6-12 MONTHS                  LESS THAN 6 MONTHS

**ADULTS:**

(Legal Name)		Sex (M/F)	Date of Birth	Relation to Head	Social Security Number	Place of Birth (City/State)	*Race/ Ethnicity	
Last	First							
				HEAD				

**CHILDREN:**

(Name as it appears on Social Security card)		Sex (M/F)	Date of Birth	Relation to Head	Social Security Number	Place of Birth (City/State)	Name of Parent Not Living With Child	*Race/ Ethnicity	
Last	First								

\*Race: (W)hite, (B)lack, (A)merican (I)ndian/(A)laskan (N)ative, Asian/(P)acific Islander, or (O)ther

\*Ethnicity: (H)ispanic, (N)on-Hispanic

Are you a veteran of the United States Military with an honorable or other discharge? **Yes** or **No**

You are not required to answer if a family member has a disability; however, it may lower your rent portion.  
Is anyone in your household is (including yourself) elderly or a person with a disability? **Yes** or **No**  
If yes, list name(s): \_\_\_\_\_

Is there any specific accommodation you would like to request which would allow you to fully utilize our programs? **Yes** or **No**

If yes, please explain: \_\_\_\_\_

Do you have any outstanding or recurring medical expenses? **Yes** or **No**

If yes, please list: \_\_\_\_\_

Is anyone in your household, age 18 or older (including yourself), a full time student? **Yes** or **No**

If yes, please list name/s: \_\_\_\_\_

**2. TOTAL HOUSEHOLD INCOME:** Please list below all money earned or received by anyone living in your household. Also include if anyone is assisting you in paying for your cell phone, car insurance, etc.

**NOTE:** You **MUST** list if you are employed, or have been employed during the past 6-months, by a temporary agency – even if you are not currently working.

Name of Household Member Receiving Income	Name/Address of Employer or Self-Employment Information	*Gross Weekly Wages or Self-Employment Income	Monthly K-TAP Amount	Monthly Child Support	Monthly SS or SSI Benefits or Pensions	Weekly Unemployment Benefits

\*Gross is total amount **BEFORE** deductions such as taxes.

Do you have any other income not listed above? **Yes** or **No**

If yes, list amount and type: \_\_\_\_\_

Does anyone help you pay your bills? **Yes** or **No**

If yes, list their name \_\_\_\_\_

Do you receive food stamps? **Yes** or **No**

Amount received monthly: \_\_\_\_\_

Do you receive a medical card? **Yes** or **No** Worker's Name \_\_\_\_\_

Do you or anyone in your household have a checking and/or savings account? **Yes** or **No**

If yes, list bank and type of account: \_\_\_\_\_

Do you pay child care expenses? **Yes** or **No** Agency or person paid for child care: \_\_\_\_\_

How much per month? \_\_\_\_\_ Are you reimbursed? **Yes** or **No**

**3. ASSETS:** Does any family members have or receive income from: (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Real Estate            | <input type="checkbox"/> Company Retirement/Pension Funds | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> Stocks                 | <input type="checkbox"/> Trusts                           | <input type="checkbox"/> Life Insurance        |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Bonds                            | <input type="checkbox"/> Other Assets          |

Have you disposed of any assets during the past two years for less than fair market value? **Yes** or **No**

If yes, explain: \_\_\_\_\_

Life Insurance Company Name \_\_\_\_\_

Cash Value of Policy \_\_\_\_\_

**4. GENERAL INFORMATION:**

Is anyone in your household currently expecting a child by birth or adoption? **Yes** or **No**

If yes, please list expected due date: \_\_\_\_\_

List other name(s) used (i.e., maiden name) and any other social security number(s) used: \_\_\_\_\_

List other subsidized housing program(s) you have participated in: \_\_\_\_\_

Have you or anyone in your household been charged, arrested, or convicted with any crimes against person(s) or property? (***You must include any charges that may have been dismissed or deferred.***) **Yes** or **No**

If yes, give names, dates and details of incidents for each occurrence: \_\_\_\_\_

Have you or anyone in your household been charged, arrested, or convicted with drug-related or alcohol-related criminal activity? (***You must include any charges that may have been dismissed or deferred.***) **Yes** or **No**

If yes, give names, dates and details of incidents for each occurrence \_\_\_\_\_

Please have all family members age 18 and over review the information listed on this form and sign below. I do hereby swear and attest that all of the information above is true and correct. I understand that any change in source of income, new, or additional sources of income and changes in household members must be reported immediately. Reporting requires that you fill out an interim change form and provide verification of information to the Housing Authority. Thank you.

**PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS  
Otherwise we will be unable to process your information**

\_\_\_\_\_  
Signature of Head of Household Date  
(the name of person receiving assistance)

\_\_\_\_\_  
Signature of Spouse Date

\_\_\_\_\_  
Signature of Other Household Adult Date

\_\_\_\_\_  
Signature of Other Household Adult Date

\_\_\_\_\_  
Signature of Other Household Adult Date

\_\_\_\_\_  
Signature of Other Household Adult Date

\_\_\_\_\_  
Signature of Other Household Adult Date

\_\_\_\_\_  
Signature of Other Household Adult Date

**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. Kentucky Revised Status 514.040, Theft by Deception, makes it a crime to knowingly give false information to get into housing to get a lower rent, or to receive aid and/or benefits under any state of federally funded assisted program.**