CAMPBELL COUNTY DEPARTMENT OF HOUSING

1098 MONMOUTH ST., Room 235 NEWPORT, KY 41071
PH: 859-261-5200 TDD/TTY 1-800-545-1833 x 947

PERSONAL DECLARATION

THE FOLLOWING IS TO BE COMPLETED IN THE APPLICANT'S OWN HANDWRITING. ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND ACCURATELY. FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION WILL RESULT IN THE FAMILY'S INELIGIBLITY FOR ASSISTANCE. PLEASE PRINT.

FAMILY COMPOSITION:

Head of Household full name: _____ Current address: _____

_____ Phone number: _____

Date of Birth: _____ MM/ DD/ YYYY Birthplace (City/State):_____

Social Security number: _____

What is your marital status? Single _____ Married _____ Separated _____ Widowed _____ Divorced _____
Date _____ Date _____ Date _____ Date _____

Spouse or other adult's full name: _____ Date of Birth: _____ MM/DD/YYYY

Birthplace (City/State): _____ Social Security number: _____

If separated or divorced, provide following information regarding spouse/ ex-spouse(s):

_____ _____
Full Legal Name Full Legal Name

_____ _____
Street Address Street Address

_____ _____
City, State, Zip, Telephone City, State, Zip, Telephone

Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you are currently using?

Yes _____ No _____ If yes, explain: _____

List all household members (use additional page if needed):

NAME	RELATIONSHIP	*RESIDE IN YOUR ASSISTED UNIT 50% OF THE TIME?*	DATE OF BIRTH	SCHOOL	RACE	ABSENT PARENT NAME & ADDRESS
		YES / NO				
		YES / NO				
		YES / NO				
		YES / NO				
		YES / NO				
		YES / NO				

Are there any other persons not mentioned above who live or will live in your household? Yes _____ No _____

If yes explain: _____

_____

Are you or any member of the household subject to a lifetime sex offender registration, or any sex offender registration requirements, in any state or country? Yes_____ No _____ If yes, please give the name of the household member and the terms of the registration requirement: _____

INCOME: List all income received by and for everyone in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement/pensions, AFDC, Welfare, Veteran Benefits, unemployment benefits, rental property income, property settlement, stock dividends, interest from bank accounts and stock dividends, alimony, and all other income: _____

Where have you worked during the past 5 years? _____

During the last calendar year, did you file a tax return? (Federal or State): _____

STUDENT STATUS: Are you currently enrolled or attending a college or university? Yes _____ No _____ If yes, please indicate whether you are a full-time or part-time student, and give the name of the school you are attending: _____

_____

ASSETS: Do you or any household member own or have any interest in any real estate/ boat/ mobile home? _____

Have you disposed of any real estate or asset in the last 2 years for less than fair market value? _____

Do you own any stocks, bonds, CDs, life insurance policies or other like assets? _____

Do you have a savings or checking account? _____

If "yes," to any asset question, please list detailed information as to the type and organization where the asset is held (for example: savings account at U.S. Bank):_____

EXPENSES: How much rent do you currently pay? $_____ What utilities are you responsible for per your lease agreement?

_____

Do you own the refrigerator in the assisted unit: _____ Do you own the stove in the assisted unit: _____

List other monthly expenses (unreimbursed child care / medical expenses): _____

Does anyone outside of your household pay any of your bills or give you money? _____(If "yes," please provide their name and contact information): _____

Do you have medical insurance? _____ What policy? _____

Have you or any member of your household ever lived in or been on any Section 8 Program or lived in Public Housing?_____

List where and when:_____

Have you ever committed any fraud in a Federal housing assistance program or been requested to repay any money for misrepresenting information for such programs? _____ If "yes" explain: _____

Have you ever been evicted from, charged with a debt to, required to pay money back to, or currently owe money to, any Federal housing assistance program for any reason? _____ If yes, please explain and give amount owed, if applicable:_____

_____

Do you or any household member have any convictions of any drug-related activity or violent criminal activity in the past 5 years? _____

If "yes" explain:_____

Do you or any household member have any active warrants or criminal charges pending against you at this time? _____

If "yes" explain: _____

Have you or any household member ever been convicted of production or manufacturing of methamphetamine on the premises of federally assisted housing? _____ If "yes" explain:_____

If you are a Program Participant, please certify that you have performed a cursory review of your unit and notified the housing authority of any repairs/defects that have not been addressed by your landlord _____*(Initial here to certify).* Note any defects/repairs needed here:

_____

I do hereby swear and attest that all of the information provided on this form is true and complete. I also understand that all changes in my household composition must be reported to Campbell County Department of Housing in writing within 10 business days.

_____ _____

Signature of Head of Household Date Signature of Spouse Date

_____ _____

Signature of Other Adult Date Signature of Other Adult Date

WARNING! SECTION 1001 OF TITLE 18 OF THE U.S. CODE makes it a criminal offense to make willful false statements or misrepresentation to any department of the United States as to any matter within its jurisdiction. It is also a criminal offense under the KENTUCKY REVISED STATUTES to make willful false statements to this agency.