

**SANTA ANA HOUSING AUTHORITY  
PERSONAL DECLARATION QUESTIONNAIRE**

20 CIVIC CENTER PLAZA, M-27. PO BOX 22030.

SANTA ANA, CA 92701.

PHONE (714) 667-2200 FAX (714) 547-5411

Please complete all sections of this form and ANSWER all questions. **DO NOT leave any questions blank.** If a question does not apply, write "NO". If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). **WARNING:** Making false statements on this document is a CRIME.

**Translator: Please read and translate each question to the applicant/participant carefully and accurately.**

**HEAD OF HOUSEHOLD (HOH) Person applying**

Last Name		First Name		Middle Name	
Street Address		Apt Number	City	State	Zip Code
Home Phone Number ( )			Cell Phone Number ( )		
Work/Message Phone Number ( )			E-Mail Address		

**SECTION I – HOUSEHOLD COMPOSITION**

A. FAMILY HOUSEHOLD COMPOSITION				Relationship to HOH	Social Security Number	Marital Status
• Please list ALL people living in your home. List the Head of Household first, followed by spouse/co-head, then oldest to youngest household members.  <b>Race Codes:</b> 1 = White; 2 = Black; 3 = American Indian/Alaska Native; 4 = Asian; 5 = Native Hawaiian/Other Pacific Islander.						
Full Name As appears on Social Security Card	Age	Date of Birth (month-day-year)	Race Codes			
1)		- -		SELF	- -	
2)		- -			- -	
3)		- -			- -	
4)		- -			- -	
5)		- -			- -	
6)		- -			- -	
7)		- -			- -	
8)		- -			- -	
9)		- -			- -	
10)		- -			- -	

**B. SEPARATED / DIVORCED / ABSENT PARENT(S) - Please list spouse, ex-spouse and/or absent parent(s) information for any of the child(ren) above.**

Spouse/Ex-spouse/Absent parent(s) Full Name	Last Known Address (If unknown, write city and/or state)	Legally Married YES/NO	Year Divorced or Separated?	Contact ? YES/NO
1)				
2)				
3)				
4)				
5)				

<b>C. STUDENT STATUS</b>				
<ul style="list-style-type: none"> <li>Please list all family members who are attending school, part-time or full-time for elementary, high school, college, university, and/or vocational school.</li> <li><b>OFFICIAL SCHOOL TRANSCRIPTS WILL BE REQUIRED FOR ALL COLLEGE STUDENTS.</b></li> </ul>				
Student Name	Part-time or Full-time	School Name and Address	Financial Aid Amount	Type of Degree
1)				
2)				
3)				
4)				

<b>D. PROFESSIONAL DEGREE AND / OR LICENSE AND / OR CERTIFICATE</b>		YES/NO
Do you or any household member(s) have a college degree and/or a professional license/certificate, such as manicurist/hair stylist/accountant/real estate license?		
Name of Household Member	Type of Degree/License/Certificate	
1)		
2)		

## **SECTION II – HOUSEHOLD INCOME**

Please answer each question below. If you answer “YES” to any question, please fill out information below for the family member(s) who receives this income(s).

**NOTE:** You MUST disclose ALL sources of income for ALL family members. Failure to list all sources of income is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

<b>A. SSI / PENSION / OTHER BENEFITS</b>			YES/NO
Do you or any family member(s) receive <b>Social Security/SSI Benefits?</b>			
Do you or any family member(s) receive <b>Pension, Retirement Benefits or Annuity?</b>			
Do you or any family member(s) receive <b>Unemployment, Disability and/or Worker Compensation Benefits?</b>			
Name of Household Member	Monthly/weekly amount	Name & Address of Agency/Office	

<b>B. EMPLOYMENT</b>			YES/NO
Are you or any family member(s) currently working?			
If you or any family member got laid off, did you or your family member receive Severance Pay?			
Do you or any family member(s) receive <b>Cash (including Day Labor), Tips or Bonuses?</b>			
Do you or any family member(s) work for <b>In-Home Supportive Services (IHSS)?</b>			
<b>If yes</b> , is this to care for a Household member that has a developmental disability?			
Do you or any family member(s) receive <b>Military or Reserve Pay?</b>			
Are you or any family member(s) <b>Self-Employed/1099 Employee, and/or Independent Contractor?</b>			
Name of Household Member	Monthly Gross Pay	Name & Address of Employer	

C. PUBLIC ASSISTANCE BENEFITS			YES/NO
Do you or any family member(s) receive <b>CALWORKS, TANF, GR, CAPI, SNAP or Food Stamps?</b>			
Do you or any family member(s) receive <b>Adoption Assistance or Foster Care Payments?</b>			
Do you or any family member(s) receive <b>Transportation Reimbursement?</b>			
Name of Household Member	Monthly Amount	Type of Benefit	

D. CHILD SUPPORT OR ALIMONY BENEFIT(S)				YES/NO
Do you or any family member(s) have an open <b>Child Support case with the District Attorney?</b>				
Do you or any family member(s) receive <b>Payments from the Child Support Office?</b>				
Do you or any family member(s) receive <b>Child Support directly from an Absent Parent/Spouse?</b>				
Does the Absent Parent purchase items for child(ren) such as <b>clothing, food, diapers, etc.?</b>				
Name of Child	Absent Parent/Spouse Name and Address	Monthly Amount	Cash Value of Purchases: clothing, food, formula, etc.	

E. CONTRIBUTIONS		YES/NO
Does anyone not listed as a family member <b>give you money or pay your bill(s) for you?</b>		
Does anyone not listed as a family member <b>buy you supplies such as clothing, food, diapers, etc.?</b>		
<b>If you answered YES, please explain:</b>		

F. FEDERAL INCOME TAX				YES/NO
Did you or any family member(s) file a <b>Federal Income Tax Return in the last 12 months?</b>				
Were you or any family member(s) <b>claimed as a dependent on someone else's Income Taxes?</b>				
Name of Household Member	TAX YEAR	Reason Taxes not filed	Name of Person claiming family member as dependent	

### SECTION III – ASSETS

Please answer each question below. If you answer "YES", please fill out information below for the family member(s) with that asset(s). **Failure to list all assets is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

A. ACCOUNT INFORMATION				YES/NO
Do you or any family member(s) have a <b>Savings or Checking Account?</b>				
Do you or any family member(s) have <b>Stocks, Bonds, Money Market or Certificate of Deposit (CD)?</b>				
Do you or any family member(s) have a <b>Retirement, 401K, IRA, and/or Trust Fund Account?</b>				
Name of Household Member	Company/Bank Name	Type of Account	Account Number	

B. LIFE INSURANCE			YES/NO
Do you or any family member(s) have a life insurance policy?			
Name of Household Member	Company	Type of Policy	
C. PROPERTY			YES/NO
Does anyone in your family own or have an interest in commercial or residential real estate or a manufactured home?			
Has anyone in your family sold and/or transferred any real estate in the last 2 years?			
Do you currently have a monthly mortgage payment for a manufactured home? If no, skip to Section D.			
If yes, how much do you pay per month?			
Have you ever refinanced your manufactured home loan?			
Do you pay the property tax and insurance of the manufactured home to your mortgage lender?			
Do you pay any maintenance fee(s) to the Manufactured Home park owner?			
If yes, how much do you pay per month?			
Name of Household Member	Type of Asset	Value	
D. LUMP SUM INCOME			YES/NO
Did you or any family member receive a large sum of money from any source within the last 12 months?			
Name of Household Member	Amount	Date	Type of Income

### SECTION IV – EXPENSES

Please answer each question below. If you answer “YES”, please fill out information below for the household member(s) with that expense(s). **Failure to list all information is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

A. CHILD CARE EXPENSES				YES/NO
Do you pay childcare, for a child 12 or younger, so that you may go to work or school?				
Do you pay for care equipment, for a household member with a disability, so that you may go to work?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of Child or Disabled Member	Monthly Childcare/ Equipment Expenses	Childcare Providers Name	Name of Agency, if paid by an agency	

B. MEDICAL / DISABILITY EXPENSES			YES/NO
Does any family member(s) anticipate having out of pocket medical/disability expenses in the next 12 months?			
If yes, approximately how much do you pay per month?			
Are you or anyone in your family currently paying an outstanding medical bill?			
If yes, approximately how much do you pay per month?			

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> <li>List the MONTHLY average amount ALL family members pay for each of the following.</li> <li>If the expense does not apply to you, write NONE. Do not leave any spaces blank.</li> </ul>					
Rent	\$	Car Payment	\$	Loan Payment	\$
Gas	\$	Gasoline for Car	\$	MH Mortgage Payment	\$
Electricity	\$	Car Insurance	\$	Life Insurances	\$
Water	\$	Car Maintenance	\$	Medical Bills	\$
Trash & Sewer	\$	Public Transportation	\$	Medical Insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell Phone	\$	Other/Personal Spending	\$

TOTAL MONTHLY EXPENSES

\$
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**SECTION V – SUPPLEMENTAL INFORMATION**

Please answer each question below. If you answer “YES”, please fill out information below for that household member(s). **Failure to list all information is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

A. HOUSEHOLD INFORMATION	YES/NO
1) Is there a family member(s) with a disability that started a new job or got a raise in the last 12 months? <b>If yes, please explain:</b>	
2) Is any household member temporarily absent from the home? Away at school or Military service, etc? <b>If yes, please explain:</b>	
3) Does any family member have any minor children that do not live in the home? <b>If yes, please explain:</b>	
4) Have you, or anyone residing in your household, <b>ever used</b> any name(s) or Social Security number(s), other than the one you currently use, or were issued by the Social Security Administration? <b>If yes, please list name(s) and/or Social Security number(s):</b>	
5) Are you or anyone in your household currently on parole or probation? <b>If yes, please explain:</b>	
6) In the last three (3) months, have you, or anyone residing in your household, been convicted, arrested or evicted for drug-related criminal activity defined by HUD, as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug? <b>If yes, list date and type of the offense:</b>	
7) In the last three (3) years, have you or anyone residing in your household been evicted from public housing or any other federally-assisted housing for drug-related criminal activity? <b>If yes, list date and details:</b>	
8) Have you or anyone residing in your household ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing? <b>If yes, list date and details:</b>	
9) Are you, or anyone residing in your household, subject to a lifetime registration requirement under a state sex offender registration program? <b>If yes, list name of registrant and complete address where currently registered:</b>	
10) Are you currently or have you ever received or lived in any other Assisted Housing? <b>If yes, please explain:</b>	
11) Have you, or anyone residing in your household, ever committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program, or have been required to repay money for misrepresenting information on such program? <b>If yes, list date and details:</b>	
12) Does anyone not listed as a household member on this certification receive mail at your residence or claim it as their residence on ANY legal document (driver’s license, vehicle registration, government assistance benefits, school, sex offender registration, probation, parole, tax forms, police reports, work, etc.) or to ANY government entity? <b>If yes, list name of person(s) and actual address where they reside:</b>	
13) Are you or any member(s) in your family related to the property owner (including a principal or other interested party)? The owner (including a principal or other interested party) is not the parent, child, grandparent, sister or brother of any member of the family, unless SAHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. <b>If yes, please explain:</b>	
14) In the last three (3) months, have you been convicted, arrested or evicted for abuse of alcohol? <b>If yes, please explain:</b>	



**SECTION VIII – SAHA AUTHORIZATION FOR RELEASE OF INFORMATION**

Pursuant to 24 C.F.R. parts 750, 750.10, 760 and 813.109 I being at least 18 years of age, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the SANTA ANA HOUSING AUTHORITY any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs. It is understood and agreed to, that this authorization or the information obtained with its use may be given to and used by HUD and/or the Santa Ana Housing Authority in the administration and enforcement of program rules and regulations and that HUD and the Santa Ana Housing Authority may in the course of its duties obtain such information from other Federal, State or local agencies including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration, and State welfare and food stamp agencies.

The information needed may include verification or inquiries regarding my personal identity, my employment and income, criminal history, assets, allowance or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; State Wage Information Collection Agency (SWICA); educational institutions; past or present employers; Social Security Administration; HUD Office of Inspector General; California Department of Justice; State welfare and food stamp agencies; Worker's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Other Adult Member	_____ Date	_____ Signature of Other Adult Member	_____ Date
_____ Signature of Other Adult Member	_____ Date	_____ Signature of Other Adult Member	_____ Date