

NEIGHBORHOOD STABILIZATION PROGRAM

PERSONAL DECLARATION/APPLICATION FOR ASSISTANCE

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

Please complete this form **in your own handwriting**. Use the correct legal name for each member of your household as it appears on their 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 Household simply refers to the person in whose name the assistance is provided.** Thank you for your cooperation.

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. **Telephone No.:** _____
 Home Address (where you live now) _____ City _____ Zip _____
 Mailing Address _____ City _____ Zip _____

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: _____

***Race:** White, Black, American Indian/Alaskan Native, Asian or Pacific Islander, Hispanic, Other

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

Children (Name as it appears on SS card)	Sex (M/F)	Date of Birth	Age	Relation to Head	Social Security Number	Place of Birth (City/State)	Name/Address of Father/Mother Not Living With Children	*Race

You are not required to answer whether a family member has a disability. However, it may help us identify suitable housing. Is anyone in your household elderly, or a person with a disability? ☐ Yes ☐ No If yes, list name(s): _____
 Is there any specific accommodation you would like to request? ☐ Yes ☐ No
 If yes, please explain: _____
 If yes, do you have any outstanding medical bills? ☐ Yes ☐ No
 Is anyone in your household (18 or older) a full-time student? ☐ Yes ☐ No If yes, list name(s) _____

2. TOTAL HOUSEHOLD INCOME: Please list below all money earned or received by everyone living in your household.

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 Social Security or SSI Benefits or Pensions	Weekly Unemployment Benefits

Do you have any other income not listed above? ☐ Yes ☐ No If yes, list amount and type: _____
 Do you or anyone in your household have a checking and/or savings account? ☐ Yes ☐ No If yes, list: _____
 Do you pay child care expenses? ☐ Yes ☐ No How much per month? _____ Are you reimbursed? ☐ Yes ☐ No
 Does anyone help you pay your bills? ☐ Yes ☐ No If yes, list: _____
 Is the head of household or spouse a member of the Armed Services? ☐ Yes ☐ No
 If yes, list the name of the person and monthly income: _____

3. ASSETS:

Do any family members have or receive income from: (check if applies)

- ☐ Real Estate ☐ Company Retirement/Pension Funds ☐ Insurance Settlements
☐ Stocks ☐ Trusts ☐ Other Assets: _____
☐ Certificate of Deposit ☐ Bonds _____

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

If yes, explain: _____

4. GENERAL INFORMATION:

1. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the ones currently being used?

☐ Yes ☐ No If yes, list name and Social Security number(s) and which member: _____

2. Do you currently owe money or any type of claim to any Housing Authority? ☐ Yes ☐ No If yes, explain: _____

3. Have you or anyone in your household been convicted, arrested, charged or evicted from federally assisted housing, including public housing, for any violent, criminal activity in the last three years? ☐ Yes ☐ No If yes, give names, dates and details of incidents for each occurrence: _____

4. Have you or anyone in your household been evicted from federally assisted housing, including public housing, for abuse of alcohol which interfered with the health, safety or right to peaceful enjoyment of the premises by other residents in the last three years? ☐ Yes ☐ No If yes, give names, dates and details of incidents for each occurrence: _____

5. Have you or anyone in your household been convicted, arrested, charged or evicted from federally assisted housing for drug-related criminal activity in the last three years? ☐ Yes ☐ No If yes, give details: _____

6. Current monthly household expenses: Please list approximate amounts you pay monthly for each of the following. List "NONE" if you pay nothing.

Auto \$	Child Care \$	Telephone \$	Credit Cards (list)
Furniture \$	Medical \$	Insurance \$	\$
Cable \$	Loans \$	Other \$	\$

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 within **14 days** of such change. Reporting requires that you provide verification of information to the housing agency staff. 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

Additional space to use if needed: _____

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 Statute 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 or federally funded assistance program.*