

# 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) |       | Sex (M/F) | Date of Birth | Age | Social Security Number | Relation to Head | Place of Birth (City/State) | *Race |
|---------------------|-------|-----------|---------------|-----|------------------------|------------------|-----------------------------|-------|
| Last                | First |           |               |     |                        | <b>HEAD</b>      |                             |       |
|                     |       |           |               |     |                        |                  |                             |       |
|                     |       |           |               |     |                        |                  |                             |       |
|                     |       |           |               |     |                        |                  |                             |       |

| 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.*