



We know the way home.

405 SW 6th St
 Redmond, OR 97756
 Phone: 541-923-1018
 Fax: 541-923-6441

SELF DECLARATION FORM

Instructions for completing this form: Complete this form **IN BLUE OR BLACK INK ONLY**. Complete all blanks. All adult members in the household must sign this declaration to certify accuracy of the information reported.

1. Household Composition. Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents. Please include all aliases and any maiden names currently used or previously used.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity*	Disability? (Yes/No)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mailing Address: _____
 (Street Address and Apartment, or PO Box)

_____ (City) _____ (State) _____ (Zip)

Telephone: _____ Message Phone: _____

Email Address: _____

2. Household Information. Answer all questions about your household.

a. Students. List all household members who are attending school or college:

Student Name	School Name	Full or Part Time?	Financial Aid?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Other Household Information. Please answer the following questions. If you need more space, please use an additional sheet:

- Is there any member of the household who is now temporarily or permanently absent from the home? Yes No
 If yes, please explain: _____
- Do you have any regular overnight guests, or someone who spends more than 2 nights per month?..... Yes No
 If yes, please list guests' names and explain: _____
- Has any member of the household been convicted of any crime? Yes No
 If yes, please explain: _____
- Are you or any household member subject to a State lifetime sex offender registration program in any state? Yes No
 If yes, please list any and all states registered: _____
- Has any member of the household had a change in citizenship or immigration status? Yes No
 If yes, please explain: _____

3. Household Income and Assets. Include all income and assets received or held by all members of the household.

Note: Provide the complete mailing address for employers, including the zip code.

a. Employment Income. If you need to list more than 2 employers, please use an additional sheet.

Family Member:	Name of Employer:	Telephone:	
Complete Employer Address, including zip code:		Gross Income:	Hours per week:
		<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	
Family Member:	Name of Employer:	Telephone:	
Complete Employer Address, including zip code:		Gross Income:	Hours per week:
		<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	

b. Other Types of Household Income. Fill in ALL blanks. If the information does not apply, write "none".

Social Security (Self)	\$ _____ per month	TANF (Cash Assistance)	\$ _____ per month
Social Security (Other)	\$ _____ per month	Food Stamps	\$ _____ per month
SSI	\$ _____ per month	Unemployment	\$ _____ per week
VA Pension	\$ _____ per month	Educational Grant	\$ _____ per month
Other Pension From: _____	\$ _____ per month	Self-Employment	\$ _____ per month
Child Support <input type="checkbox"/> Through the state of Oregon <input type="checkbox"/> Through State of _____ <input type="checkbox"/> Paid directly by: _____	\$ _____ per month	Other _____	\$ _____ per month

c. Assets

List all bank accounts held by **any member** of the household. (If you need to list more than three accounts, please use an additional sheet):

Family Member	Account Value (Amount)	Bank Name	Account Number

d. Other Income and Assets

Does any agency or person outside of your household **regularly help you with household expenses or supplies**?.....Yes No

If yes, please explain:

Is your name listed as owner or co-owner on **any vehicle registration**?Yes No

If yes, list model, year, and license plate number for each vehicle:

Does any member of the household have a **life insurance policy with a cash value** (usually called "whole life")?Yes No

Who? _____ Cash Value \$ _____ Policy Number: _____

Full Name/Address of Insurance Company: _____

Does any household member have any of the following (check those that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Trusts | <input type="checkbox"/> Stocks, Bonds, or Annuities |
| <input type="checkbox"/> IRA/KEOGH Account | <input type="checkbox"/> Company Retirement Account | <input type="checkbox"/> None |

If yes to any of these, please provide a separate sheet with the name and contact information for the company with which you have the account.

4. Household Expense

Do you have **child care costs** for minor children in the household? Yes No

Monthly Amount: \$ _____

If yes, please list the full name and mailing address of your child care provider:

Do you receive financial assistance with your child care costs from the State? Yes No

Monthly Amount: \$ _____

5. Disposal of Assets. HUD requires Public Housing Agencies to verify whether recipients of rental assistance have disposed of any assets within the past 24 months. "Dispose" means to get rid of, sell, or give away. Assets include, but are not limited to: stocks, bonds, savings certificates, money market funds, equity in real property or other capital investments, cash value of trust accounts, IRAs, Keogh accounts, contributions to company retirement or pension funds, lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, personal property held for investment such as gems, jewelry, coin collections, cars, cash value life insurance policies, etc.

In the past 24 months (2 years), have you or any member of your household disposed of any assets for less than their market value?

- YES, I/we have** disposed of asset(s).
- NO, I/we have not** disposed of any asset(s).

If you have disposed of any asset(s), please complete the following:

1. What was the asset? _____
2. What is the date the asset was disposed of? _____
3. What was the value of the asset at the time it was disposed of? _____
4. List the actual amount received for the asset: _____

6. Certification. All adult members in the household must sign this declaration to certify accuracy of the information reported.

Giving True and Complete Information: I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge.

Reporting Changes in Income or Household Composition: I know I am required to report within 10 days in writing any changes in income and household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me.

No Duplicate Residence or Assistance: I certify that the dwelling unit will be my principal residence and I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Department of Housing Services in writing. I will not sub-lease my assisted residence.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

By my signature below, I do hereby swear and attest that all of the information reported on this form about me and my household is true and correct, and I have read agree to the certifications contained in this form. I also understand that all changes in household members or income must be reported to the Department of Housing Services in writing, immediately.

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

Statement of Family Obligations

Under the rental assistance programs offered by Housing Works, participating families must meet the Family Obligations in order to continue participating in the program. Violation of any obligation may result in termination of assistance. The Family Obligations are:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.
- The family must comply with lease requirements regarding written notice to vacate to the owner. The family must provide written notice to the PHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive Housing Choice Voucher (HCV) program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Per my signature below, I have read and understand the Family Obligations. Please sign below:

Signature of Head of Household

Printed Name

Date

Signature of Spouse or Co-Head

Printed Name

Date

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Head of Household	Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)

AUTHORIZATION TO RELEASE & SHARE INFORMATION

PURPOSE: Housing Works (Formerly CORHA) uses this authorization and the information obtained with it to administer its Housing Programs.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION: Any individual or organization including any governmental organization but not limited to, may be asked to release information, i.e.:

Banks and Other Financial Institutions
Law Enforcement Agencies, Courts, Criminal Background Checks
Credit Bureaus
Employers, Past and Present Landlords
Schools and Colleges
Utility Companies
State Agencies such as Child Welfare, Transportation, Employment Division
Social Service Agencies
Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance.
Medical Care, Pensions/Annuities
Medical Prescriptions
Social Security Administration
U. S. Department of Veterans Affairs
Credit History, Financial Concerns, Criminal Activity, Legal Issues, Child Welfare issues
Family Composition and Child Care Expenses
Employment, Income, Pensions, and Assets
Federal, State, Tribal or Local Benefits
Status of Disability
Legal Identity
Medical Expenses
Social Security Numbers
Residences and Rental History
Other: _____

AUTHORIZATION:

* I authorize for a period of 15 months from the date below to release & share any information (including documentation and other materials) pertinent to eligibility for or participation in the Housing Choice Voucher Program.

* I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax, mail or email information to Housing Works at:

405 SW 6th St. Redmond, Oregon 97756. Phone: 541-923-1018, Fax: 541-923-6441

Email: FrontDesk@housing-works.org

* I agree to provide an assigned Social Security number (or a Certification that no number has been assigned) for each household member.

Head of Household Signature Date

Social Security Number

Spouse/Other Adult Signature Date

Social Security Number

Other Adult Signature Date

Social Security Number

Other Adult Signature Date

Social Security Number