

GARDEN GROVE HOUSING AUTHORITY  
PERSONAL DECLARATION

NOTE: This form must be completed before your office appointment.

You must use the correct legal name for each member of your household as it appears on the social security card. **ALL ADULT MEMBERS MUST SIGN THIS FORM certifying the information is correct.**

HEAD OF HOUSEHOLD:

ADDRESS:

	MAILING ADDRESS: (IF DIFFERENT)	

PHONE #:

MESSAGE/WORK #:

CELL PHONE #:

( )
( )
( )

HOUSEHOLD COMPOSITION: List ALL persons, including minors, who are living in your home. List head of household first.

(CHECK FOR EACH PERSON)								Alien Resident # (if resident)
Name (Last Name, First, Middle)	Date of Birth	Age	Social Security #	Relationship To Head*	Ethnicity**	Race***	Citizenship Status****	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	
	/ /		- -	H S K A F Y E	1 2	1 2 3 4 5	C R O	

NOTE: For relationship, ethnicity, race and citizenship status, please check the appropriate corresponding code or number for EACH family member:

\* H=Head  
S=Spouse  
K=Co-head  
A=Other Adult  
F=Foster child/adult  
Y=Other Youth Under 18  
E=Full-time Student 18+

\*\*1=Hispanic  
2=Non-Hispanic

\*\*\*1=White  
2=Black  
3=Amer. Indian  
4=Asian/Pac. Isl.  
5=Nat. Hawaiian/  
Other Pac. Isl.

\*\*\*\*C=Citizen  
R=Legal Resident  
O=Other

If a parent is absent from the household, please list name and address of absent parent(s):

Name: _____ Social Security #: _____	Name: _____ Social Security #: _____
Address: _____	Address: _____

INCOME

	Y	N
• Does any household member receive full-time or part-time earnings from any type of employment, including self-employment?		
• Does any household member receive cash, tips, bonuses, commissions, or any type of compensation for providing any type of service?		
• Does any household member receive unemployment compensation, worker’s compensation, or severance pay?		
• Does any household member receive child support from welfare?		
• Does any household member receive child support directly from an absent parent?		
• Does any household member receive alimony?		
• Does any household member receive welfare benefits (TANF) or other public assistance?		
• Does any household member receive social security (SS) or supplemental security income (SSI) benefits?		
• Does any household member receive money from a pension or annuity?		
• <b>(Annual Re-exams only)</b> Has anyone in your household started a new job or had an increase in earnings? If yes, answer the following questions:		
1. Is this a person with a disability?		
2. Has this person been unemployed for one year or longer?		
3. Is this person participating in any type of economic self-sufficiency program?		
4. Has this person received TANF benefits in the past six months, including one-time cash payments?		

	Y	N
• Does any household member receive regular contributions from any organizations or persons not living in your household?		
• Did any household member file a federal income tax return last tax period?		
• Does any household member receive income from any assets, including interest on checking or savings accounts and interest or dividends on certificates of deposit, stocks, or bonds?		
• Does any household member receive income from the rental of property?		
• Do any household members own a business or are any self-employed?		
• Does any household member receive any type of military pay (including Coast Guard and National Guard Reserve units)?		
• Does anyone outside your household <b>pay for any</b> of your household bills or living expenses?		
• Does anyone in your household <b>receive money</b> from someone outside your household to pay bills or living expenses?		
• Does anyone in your household participate in a job-training program?		
• Are there any family members who are temporarily absent from the home?		
• Does anyone in your household receive any type of income, money, or financial support from any sources other than the ones we have asked about?		

LIST INCOME FOR ALL FAMILY MEMBERS, INCLUDING YOURSELF.

Name	Source of Income (Emp., TANF, SSA/SSI, child supp. school grants, pensions, military pay, unemployment benefits, etc.)	Amount Received (hourly/monthly)	Name & Address of Employer

ASSETS

(ASSETS for ALL members of your household, including minors & adult children)

	Y	N
1. Do you or any member of your household own any real estate, boat, or mobile home?		
2. Have you or any member of your household sold any real estate in the last two years?		
3. Do you or any member of your household own any stocks or bonds?		
4. Does any household member have a savings or checking account?		
5. Does any household member own or have a legal interest in any type of real estate, property, or land?		

	Y	N
6. Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.)		
7. Does any household member have savings certificates, money market funds, or trust funds?		
8. Does any household member have any type of retirement account (company, IRA, Keogh)?		
9. Does any household member have any inheritances, lottery winnings, or lump-sum payments from any other source?		
10. Does any household member have any life insurance policies?		

LIST ALL (including Checking & Savings) BANKS, SAVINGS & LOANS, CREDIT UNION ACCOUNTS, STOCKS, BONDS, 401K's, TIME CERTIFICATES, REAL ESTATE, OTHER ASSETS (including Minors)			
Name Shown on Account	Type	Account #	Bank Name/Address

CAR MAKE & MODEL	CAR LICENSE NUMBERS	REGISTERED OWNER	YEAR	MONTHLY CAR PAYMENT
				\$
				\$
				\$
				\$

EXPENSES

	Y	N
Does any household member have child care expenses for a child 12 or under?		
1. Is any portion of the childcare expenses reimbursed by any person or agency?		
2. Do you pay for a care attendant or for any equipment for any household member with disabilities that is necessary to permit that person or someone else in the household to work? If yes, are any of these expenses reimbursed by any person or agency?		

	Y	N
Questions for households whose <b>head or spouse is 62 years of age or older or is a person with a disability:</b>		
1. Does any household member pay for Medicare?		
2. Does any household member pay for any type of medical insurance?		
3. Is any household member paying on past medical bills?		
4. Does any household member anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside the household? (This includes prescription and nonprescription drugs and any other medical costs.)		

EXPENSES: List the average amount you pay for each of the following on a MONTHLY basis.

Rent	\$	Auto Expenses (gas & maintenance)	\$	Loan Payment	\$
Electricity	\$	Auto Insurance	\$	Transportation	\$
Gas	\$	Health Insurance	\$	Credit Cards	\$
Water	\$	Life Insurance	\$	Grocery Expenses	\$
Phone	\$	Medical Bills	\$	Other_____	\$
Cable	\$	Child Care	\$	Other_____	\$
Trash & Sewer	\$	Car Payment	\$	TOTAL	\$

REQUIRED QUESTIONS: (Circle either Y for YES or N for NO.)

1.	Have you or any other member of your household ever used any other names and/or social security numbers other than the one you are currently using?	Y	N
2.	Have you or any member of your household ever been arrested or convicted of a crime other than a traffic violation?	Y	N
3.	Have you ever committed fraud in a federally assisted housing program or been required to repay money to a housing agency?	Y	N
4.	Are you or any member of your household disabled? If yes, name of disabled:_____	Y	N

LIST SCHOOL CURRENTLY ATTENDED BY ANYONE IN YOUR FAMILY (18 AND OLDER).				
Name of Student	School	Address	Grade	Full/Part Time

List Names, Addresses & Phone Numbers of two (2) relatives/friends who know how to contact you:

1.	Name: _____	Relationship to Head: _____
	Address: _____	Phone No. _____
2.	Name: _____	Relationship to Head: _____
	Address: _____	Phone No. _____

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ANY AND ALL CHANGES IN INCOME AND FAMILY COMPOSITION MUST BE REPORTED TO THE HOUSING AUTHORITY IMMEDIATELY AND FAILURE TO DO SO IS GROUNDS FOR TERMINATION.

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

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. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 487 and 532) and may result in criminal charges including Perjury, Grand Theft, Filing False Documents with a Public Office and Obtaining Money Under False Pretenses.”

For Office Use Only

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_