



Housing Choice Voucher

Personal Declaration for Eligibility and Certification

Head of Household's Social Security number

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CONTACT INFO
(Head of household)

Street address, P.O. Box, or shelter name		City	State	ZIP Code	Homeless at application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary phone number	Other phone number	E-mail address	What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

► **HOUSEHOLD COMPOSITION AND INCOME** *List every person living with you at least 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M/F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'.
						Yes	No	
	HEAD	(Entered above)						Type: \$
								Type: \$
								Type: \$
								Type: \$
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								Type: \$

► **OTHER HOUSEHOLD INFORMATION** *(If you need additional space, please attach a separate paper.)*

<input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone in your household disabled? If yes , please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Has anyone in your household served in the armed forces or is the spouse of someone who has served? If yes , please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes , explain here and attach a statement from the person stating how often and the amount:
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? If yes , please explain:
Is there any other information you would like us to know about your household?

► **ACCOMMODATIONS** *If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.*

<input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?

Print head of household name _____

► **CURRENT EMPLOYMENT INFORMATION** (If you need additional space, please attach a separate paper.)

Yes, someone in my household is employed. Complete the below information. **No**, no one in my household is employed.

Name of household member	Name of employer	Employment start date	Employer's address	Employer's phone number	Employer's fax number

► **ASSETS** List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)

Yes, someone in my household has assets. **No**, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
		\$	%		
		\$	%		

Yes **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$

Yes **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.

► **STUDENT INFORMATION** List information only for household members who are 18 years old or older. (If you need additional space, please attach a separate paper.)

Yes, an adult in my household is a student. Complete the below information. **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

► **DEDUCTIONS** List expenses that **you pay out of pocket** and anticipate to continue for the next 12 months. (If you need additional space, please attach a separate paper.)

Yes, someone in my household has these expenses. Complete the below information. **No**, no one in my household has these expenses.

Child care expense	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
				\$

Yes **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.

Yes **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

► **CERTIFICATION** I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Seattle Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

_____	_____	_____	_____
Head of household signature	Date	Spouse or Co-head signature	Date
_____	_____	_____	_____
Signature of other household member (age 18+)	Date	Signature of other household member (age 18+)	Date
For Seattle Housing Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled
Issuance supervisor or designee	Date		