

You ***MUST*** bring all the following documentation with you when you submit your application:

Personal Declaration

Birth Certificates for every person on your application

Social Security cards for everyone on your application

Picture ID for anyone over the age of 18

All persons over the age of 18 should accompany the Head of Household when the application is

filled out, in order to complete all paperwork.

Marriage certificate (if applicable)

Divorce papers or Proof of Separation (if applicable)

Foster Care License (if applicable)

Most recent Bank account statement

Prior Years Federal tax return

Previous 2 current pay stubs

If unemployed you must bring unemployment verification, this can be obtained from the SC Job Service

THINGS YOU SHOULD KNOW

Don't take your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- * Evicted from your apartment or house
- * Required to repay all overpaid rental assistance you received
- * Fined up to \$10,000
- * Imprisoned for up to 5 years and or
- * Prohibited from receiving assistance

Your State and local governments may have other laws and penalties as well.

Asking Questions When you sit down with the person who fills out the application you should know what is expected of you. If you do not understand something say so. That person can answer your questions or find out what the answer is.

Completing The Application When you give answers to application questions, you must include the following information

Income

- * All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.)
- * Any money you receive on behalf of your children (child support, social security for children, etc.)
- * Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.)
- * Earning from a second job or part time job;
- * Any anticipated income (such as a bonus or a pay raise you expect to receive)

Assets

- * All bank accounts, savings bonds, certificates or deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- * Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children

Family/Household Members *The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.

Signing the Application

Do not sign any form unless you read it, understand it, and are sure everything is complete and accurate. When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertification

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/house-hold composition immediately. Be sure to ask when you must recertify. You must report on recertification forms.

- *All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- *Any family/household member who has moved in or out.
- *All assets that you or your family/household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- *Do not pay any money to file an application
- *Do not pay any money to move up on the waiting list
- *Do not pay for anything not covered by your lease
- *Get a receipt for any money you pay
- *Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone lies to persuade you to make false statements, report them to the manager of your project or PHD. If you cannot report to the manager, call the local HUD office or write to the HUD HOTLINE Room 8254, 452 7th Street, S. W. Washington, DC 20410

SIGNATURE OF APPLICANT

Date: _____
Time: _____

Public Housing _____

Section 8 _____
Bedrooms: _____

HOUSING AUTHORITY OF FORT MILL
PO Box 220 * Fort Mill, SC 29716-0220
Phone: 803-547-6787 TDD/Fax: 803-548-2125

Personal Declaration
(Applicant)

INSTRUCTIONS:

**YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT. (Please Print or Type)
THIS FORM MUST BE SIGNED BY ALL ADULTS AT THE OFFICE APPOINTMENT.**

(Failure to complete this form will result in delays in processing your application and/or rescheduling your office appointment.)

The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.

APPLICANT FAMILY/UNIT:

Applicant Name _____ Address _____ Apt. # _____ City _____

State _____ Zip Code _____ Home # _____ Work # _____

Person to call in case of emergencies:

Name Of Friend/Relative _____ Address _____ Apt. # _____ City _____

State _____ Zip Code _____ Home # _____ Work # _____

A. HOUSEHOLD ADULT MEMBERS: (List children in Part B.)

List yourself and all other persons who are part of your application. In addition, list all other persons currently living/staying in the same residence with you. List all adults, age 18 and over in this section. Print clearly. This section is for adults only.

1.

Last Name _____ First Name _____ MI _____ Soc. Sec. # _____

Birth Place/City, State _____ Birth Date _____ Driver's License #/State _____

Check all that apply:

- Male Female Divorced Separated Self Employed
 Single Married Widowed Student Retired
 Employed Unemployed

Relation to Head of Household: SELF

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____ City _____

State _____ Zip Code _____ Social Security # _____ Birth Date _____

OFFICIAL USE ONLY
Housing Assistant

1,
 SSA Card on file
 ID/Birth Certificate on file
 Review Personal Status
 Aged/
 Divorce Papers
 Divorce/Separation Certification

2.

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/State

Check all that apply:

Male Female Divorced Separated
 Single Married Widow Student
 Employed Unemployed Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name Address

Social Security # Birth Date

3.

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/State

Check all that apply:

Male Female Divorced Separated
 Single Married Self Employed
 Widow Student Retired
 Employed Unemployed

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name Address

Social Security # Birth Date

4.

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/State

Check all that apply:

Male Female Divorced Separated
 Single Married Self Employed
 Widow Student Retired
 Employed Unemployed

Relation to Head of Household:

2.

- SSA Card on file
- ID/Birth Certificate on file
- Review Personal Status
- Aged/
- Divorce Papers
- Divorce/Separation Certification

3.

- SSA Card on file
- ID/Birth Certificate on file
- Review Personal Status
- Aged/
- Divorce Papers
- Divorce/Separation Certification

4.

- SSA Card on file
- ID/Birth Certificate on file
- Review Personal Status
- Aged/
- Divorce Papers
- Divorce/Separation Certification

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name _____ Address _____

Social Security # _____ Birth Date _____

B. Children in Household: List all children who stay with you.

1.

Relation to Head of Household:

Last Name _____ First Name _____ MI _____

Social Security # _____ Sex _____ Birth Date _____

Birth Place _____ School Name _____ Address _____ Zip Code _____

Mother's Name _____ Social Security # _____ Birth Date _____ Address _____

Father's Name _____ Social Security # _____ Birth Date _____ Address _____

2.

Relationship to Head of Household:

Last Name _____ First Name _____ MI _____

Social Security # _____ Sex _____ Birth Date _____

Birth Place _____ School Name _____ Address _____ Zip Code _____

Mother's Name _____ Social Security # _____ Birth Date _____ Address _____

Father's Name _____ Social Security # _____ Birth Date _____ Address _____

3.

Relation to Head of Household:

Last Name _____ First Name _____

Social Security # _____ Sex _____ Birth Date _____

Birth Place _____ School Name _____ Address _____ Zip Code _____

Mother's Name _____ Social Security # _____ Birth Date _____ Address _____

Father's Name _____ Social Security # _____ Birth Date _____ Address _____

- B.**
1.
 SSA Card on file
 ID/Birth Certificate on file
 Review Information on Parents
 Yes No
 Applicant
2.
 SSA Card on file
 ID/Birth Certificate on file
 Review Information on Parents
 Yes No
 Applicant
3.
 SSA Card on file
 ID/Birth Certificate on file
 Review Information on Parents
 Yes No
 Applicant
4.
 SSA Card on file
 ID/Birth Certificate on file
 Review Information on Parents
 Yes No
 Applicant

4.

Last Name First Name

Relation to Head of Household:

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Mother's Name Social Security # Birth Date Address

Father's Name Social Security # Birth Date

5.

Last Name First Name MI

Relation to Head of Household:

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Mother's Name Social Security # Birth Date Address

Father's Name Social Security # Birth Date

C. FOSTER CHILDREN:

Is anyone living in your home a foster child? _____ Yes _____ No
If yes, list complete name for each foster child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

Student's Name Name and Address of School

Student's Name Name and Address of School

Student's Name Name and Address of School

5.

___ SSA Card on file
___ ID/Birth Certificate on file
___ Review Information on Parents
Yes No
Applicant ___ ___

C.

___ **Documentation of Foster care status for each child.**
___ Foster Care License
Yes No
Applicant ___ ___

D.

Yes No
Student Aid ___ ___
Yes No
Student Aid ___ ___
Yes No
Student Aid ___ ___

E. WORKING: Is anyone working or expecting to work in the next 6 months?

If yes, complete the portion below. (If self-employed, please provide a ledger of income And expenses.)

Name	Occupation	Gross Wage Per Month
------	------------	----------------------

Employer's Name	Address	City, State, Zip Code
-----------------	---------	-----------------------

Do you ever receive any of the following?

Overtime Yes No Tips Yes No

Bonus Yes No Commission Yes No

Name	Occupation	Gross Wage Per Month
------	------------	----------------------

Employer's Name	Address	City, State, Zip Code
-----------------	---------	-----------------------

Do you ever receive any of the following?

Overtime Yes No Tips Yes No

Bonus Yes No Commission Yes No

Name	Occupation	Gross Wage Per Month
------	------------	----------------------

Employer's Name	Address	City, State, Zip Code	Phone
-----------------	---------	-----------------------	-------

Do you ever receive any of the following?

Overtime Yes No Tips Yes No

Bonus Yes No Commission Yes No

Name	Occupation	Gross Wage Per Month
------	------------	----------------------

Employer's Name	Address	City, State, Zip Code
-----------------	---------	-----------------------

Do you ever receive any of the following?

Overtime Yes No Tips Yes No

Bonus Yes No Commission Yes No

OFFICIAL USE ONLY

E.

Pay stubs on file

Employer's report on file

W2/1099

Earnings Exempt:

Yes No

Pay stubs on file

Employer's report on file

W2/1099

Earnings Exempt:

Yes No

Pay stubs on file

Employer's report on file

W2/1099

Earnings Exempt:

Yes No

Pay stubs on file

Employer's report on file

W2/1099

Earnings Exempt:

Yes No

F. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below?
 Check "Yes" or "No" for each item. If yes, list who and amount received monthly>

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Who</i>	<i>Monthly Amount</i>	OFFICIAL USE ONLY <i>F.</i>
• Training	_____	_____	_____	_____	_____
• Work Study	_____	_____	_____	_____	_____
• Educational Loans	_____	_____	_____	_____	_____
• Grants, Scholarships	_____	_____	_____	_____	_____
• TANF	_____	_____	_____	_____	_____
• General Relief	_____	_____	_____	_____	_____
• Unemployment Benefits	_____	_____	_____	_____	_____
• State Disability	_____	_____	_____	_____	_____
• Workers Compensations	_____	_____	_____	_____	_____
• Child Support	_____	_____	_____	_____	_____
• Spousal Support	_____	_____	_____	_____	_____
• Social Security	_____	_____	_____	_____	_____
• SSI	_____	_____	_____	_____	_____
• Pension/Retirement	_____	_____	_____	_____	_____
• Veteran's Benefit	_____	_____	_____	_____	_____
• Military Allotment	_____	_____	_____	_____	_____
• Railroad Retirement	_____	_____	_____	_____	_____
• Interest/Asset	_____	_____	_____	_____	_____
• Income from Rental Prop.	_____	_____	_____	_____	_____
• Second Job	_____	_____	_____	_____	_____
• Other; Explain:	_____	_____	_____	_____	_____

TANF or GR _____
 Worker Name Number DSS Office Address City, State, Zip Phone

TANF or GR _____
 Worker Name Number DSS Office Address City, State, Zip Phone

Bring your most recent proof of income and your last Federal Income Tax Return to your office appointment (examples: letter from employer, check stubs, welfare or social security award letters, bank statements, 1099 forms, etc.).

G .Do you employ the services of a Care Provider for a child 12 years or under or for a person?
 ____ Yes ____ No

If yes, complete the following:

1) Care Provider Name _____ Amount Paid _____
 Weekly or Monthly (circle one)

Care Provider Address _____ Care Provider Phone _____

2) Care Provider Name _____ Amount Paid _____
 Weekly or Monthly (circle one)

Care Provider Address _____ Care Provider Phone _____

OFFICIAL USE ONLY
G.
 ____ Third Party Verifications Who pays childcare expense?

H.
 ____ Third Party Verification

H. Does anyone receive contributions, gifts or loans from any source? ____ Yes ____ No

If yes, complete the following:

Item Received	Value of Item	Who Gives the Item
---------------	---------------	--------------------

I. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc., anywhere?

____ Yes ____ No If yes, complete the following:

Type	Address	Estimated Value
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J. Does anyone, including children, have any of the following resources? Check Yes or No For each item. If yes, list who and amount.

Item	Yes	No	Who	Amount
• Cash	____	____	_____	_____
• Checking Account(s)	____	____	_____	_____
How many Checking Accounts do you have:	____	____	_____	_____
• Savings Account(s)	____	____	_____	_____
How many Savings Accounts do you have?	____	____	_____	_____
• Life Insurance Policy	____	____	_____	_____
• Trust Funds	____	____	_____	_____
• Stocks or Bonds	____	____	_____	_____
• Certificates of Deposit or Money Market Account	____	____	_____	_____
• Notes, Mortgages, or Deeds	____	____	_____	_____
• Retirement Accounts	____	____	_____	_____
• Deferred Compensation	____	____	_____	_____
• Safe Deposit Box	____	____	_____	_____
• Real Estate	____	____	_____	_____
• Other, Explain:	____	____	_____	_____

If yes to any items above, complete the following:

Type of Resource	Current Value	Name and Address of Institution	Account Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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I.
 ____ Third Party Verifications
 Market Value \$ ____
 Amount Owed \$ ____
 Income \$ _____

J.
 ____ Third Party Verifications on file

K. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? Yes No

If yes, please explain:

OFFICIAL USE ONLY
K.

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? Yes No

If yes, complete the following:

Type License Tag # State Year Make and Model

OFFICIAL USE ONLY
L.

M. Do you have a live-in aide? Yes No If yes, please complete the following:

Name Social Security #
Do you pay for this service yourself? Yes No If no, please explain:

M.

Physician's Evaluation 24 hour Care IHSS Evaluation 24 hour care Live-in Aide Certification

N. Have you or any member of your household (listed above) ever been arrested for any drug related criminal activity? Yes No

If yes, please give dates, charges, city and state:

N.

O. Have you or any member of your household (listed above) ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? Yes No

If yes, please give dates, charges, and city and state:

O.

P. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed? Yes No

P.

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than full its full value? Yes No

If yes, explain:

Q.

Third Party Verification of Property Value Verification that Asset is no longer owned by household member Disposition of proceeds.

R. Have you or any other household member lived in any rental-assisted housing? Yes No

If yes, give the details:

Where

When

S. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

If yes, explain:

R.

Review for Outstanding Collections.

S.

Review eligibility status. (Is account balance zero or up to date?)

T. Are there any children 7 years and under who have an elevated blood level of lead? Yes No

U. MEDICAL EXPENSES – ELDERLY OR FAMILIES ONLY

If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) ; or c) ; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy	Address	City, State, Zip
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HEAD OF HOUSEHOLD ONLY, please complete:
(Enter code which best describes your race.)

Race ()		Ethnicity ()
1 - White	3 – American Indian Native American	1 – Hispanic
2 – Black or African American	4 – Asian/Pacific Islander	2 – Non Hispanic

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency; the U.S. Housing ACT of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

REASON FOR LEAVING: _____

3. PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

4. PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

5. PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

6. PREVIOUS ADDRESS: _____
STREET ADDRESS CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

7. PRESENT ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY ADDRESS CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

FINANCIAL OBLIGATIONS IF APPLICABLE (I.E., CAR PAYMENTS, LOANS, ETC.):

PAYMENTS TO:	AMOUNT PER MONTH:	PAYMENTS TO:	AMOUNT PER MONTH:
1) _____	\$ _____	4. _____	\$ _____
2 _____	\$ _____	5. _____	\$ _____
3 _____	\$ _____	6. _____	\$ _____

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.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCIRATE. I HEREBY AUTHORIZE THE PUBLIC HOUSING AUTHORITY TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF SOUTH CAROLINA THAT THE INFORMAITON CONTAINED IN THIS STATEMENT OF FACTS IS TRUE, CORRECT, AND COMPLETE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE