



HATC Use Only: Initials: _____ Mailed/Faxed: _____

Housing Authority of Thurston County
 1206 12th Avenue SE • Olympia, WA. 98501
 Tel: (360) 753-8292 • Fax: (360) 586-0038
 www.hatc.org

PERSONAL DECLARATION – ANNUAL RECERTIFICATION/INTERIM

PLEASE ANSWER ALL QUESTIONS ACCURATELY (In black or blue ink), WITH COMPLETE INFORMATION AND SIGN WHERE ASKED.
 PLEASE INDICATE YES OR NO. DO NOT USE N/A. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

Tenant's Name	Phone # (Home, Work or Cell)
Street Address	City State Zip
Mailing Address (if different)	City State Zip
	Message Phone #
	Email

FAMILY COMPOSITION

Please list YOURSELF and **all persons living/staying in home at least 51% of the time**, including your live-in, full-time care provider (if applicable). List legal names of everyone living at your address including you. We request that you voluntarily show your race or ethnic background. (Your race will not be used in considering your eligibility for housing assistance.) Please choose from the most accurate groups: White (W), African American/Black (B), American Indian/Alaskan Native (N), Asian (A), Hawaiian Native or Other Pacific Islander (P)
If you need additional space in any of the sections/questions, using the same format, write or type the information on a separate piece of paper. Please indicate the section or question you are referring to, and sign and date it.

ADULTS (legal name) (18 or over)	DATE OF BIRTH	Disabled	Hispanic	Race	RELATION TO HEAD OF HOUSEHOLD	SEX (M/F)	SOCIAL SECURITY NUMBER
1.		[]	[]		Head of Household		
2.		[]	[]				
3.		[]	[]				

CHILDREN (name as it appears on SS card)	DATE OF BIRTH	Disabled	Hispanic	Race	RELATION TO HEAD OF HOUSEHOLD	SEX (M/F)	SOCIAL SECURITY NUMBER
1.		[]	[]				
2.		[]	[]				
3.		[]	[]				
4.		[]	[]				
5.		[]	[]				
6.		[]	[]				

Are any family members temporarily absent? [] YES [] NO

Expected date of return: _____

If yes, list the family members and where they are currently residing (address) and why: _____

Please list any changes that have taken place in your family composition and/or income since the last annual re-examination: _____

I would like to add/remove the following family member(s):						Effective Date:	
NAME OF FAMILY MEMBER	AGE	SEX (M/F)	RELATION TO HEAD	DATE OF BIRTH	SOCIAL SECURITY #	ADD	REMOVE
						[]	[]
						[]	[]
						[]	[]

I understand that an additional family member may not be added to the lease until the request has been reviewed and formally approved by both the Housing Authority of Thurston County and the Landlord.

Head of Household signature _____ Date _____

If you cannot read this form in English, please contact the Housing Authority to have it interpreted for you.
 Si usted no puede leer esta forma en ingles, por favor entre en contacto con Housing Authority hacerla traducir para usted.

FAMILY INCOME SUMMARY:

A. Please mark YES or NO to declare if any family member currently receives, has applied for or expects to receive income from each source within the next twelve months. Please list all family members with each type of income.

Income Source:	Yes	No	Name of Family Member	Amount of Gross Income	Name, Address, Phone Number and Fax Number of Employer or source of income
Employment/ Wage Please attach two months of consecutive pay stubs for each job.	[]	[]		\$ _____ per:	
				\$ _____ per:	
Tips or bonus pay	[]	[]		\$ _____ per:	
Work Study Wages	[]	[]		\$ _____ per:	
Education Grants	[]	[]		\$ _____ per:	
Self-Employment Income	[]	[]		\$ _____ per:	Business Name: _____ Please complete a Self-Employment Income Report form and provide copies of your business tax return and business bank statements
Unemployment Benefits	[]	[]		\$ _____ per:	
Worker's Comp. (L&I)	[]	[]		\$ _____ per:	
Child Support - Support Enforcement	[]	[]		\$ _____ per:	Case #'s
Child Support - Paying Parent	[]	[]		\$ _____ per:	Paying parent(s) name, phone number and address
Alimony	[]	[]		\$ _____ per:	
Social Security	[]	[]		\$ _____ per:	
				\$ _____ per:	
S.S.I.	[]	[]		\$ _____ per:	
				\$ _____ per:	
SSP DSHS	[]	[]		\$ _____ per:	
Public Assistance (TANF)	[]	[]		\$ _____ per:	
GAU or GAX	[]	[]		\$ _____ per:	
Food Stamps	[]	[]		\$ _____ per:	
Veteran's Benefits	[]	[]		\$ _____ per:	
Military Allotment	[]	[]		\$ _____ per:	
Retirement Pension	[]	[]		\$ _____ per:	
Insurance Benefits	[]	[]		\$ _____ per:	
Death Benefits	[]	[]		\$ _____ per:	
Adoption Assistance Income	[]	[]		\$ _____ per:	
Foster Care Income	[]	[]		\$ _____ per:	
Rental or Other Property	[]	[]		\$ _____ per:	
Interest Income	[]	[]		\$ _____ per:	
Panhandling	[]	[]		\$ _____ per:	
Gifts or Regular contributions of household goods, money or bills paid	[]	[]		\$ _____ per:	List contributor name, phone number and address:
Other Income (Income not listed above)	[]	[]		\$ _____ per:	

B. Are any family members who are under age 18 employed? [] YES [] NO
If yes, please include their employment information above and list their name(s) and date of birth below:

C. Is any household member serving in the Military? [] YES [] NO
If yes, please provide below the name of the family member(s) and the military branch they are serving with. Any pay earned by a family member serving in the Armed Forces, due to exposure to hostile fire, will not be used in determining your household's income.

D. Is any family member (18 years or older) in your household claiming NO INCOME? YES NO
If yes, state the name of the family member(s) claiming NO INCOME and have each adult claiming no income complete a Zero Income form.

E. Have any adult household members who are not currently employed worked for pay within the last 12 months?
If yes, list family member(s), place of employment and months worked YES NO

F. Does anyone outside of your household pay for any of your bills or give you money? YES NO
If yes, please state their name, address and phone number of the individual or agency below.

G. Is anyone in your household taking part in a **job-training program for pay**? YES NO
If yes, please provide in the space below the name of the family member(s) receiving training and the name of the training program. Also include the mailing address, phone number and the name of the agency representative that we may contact.

JOB-TRAINING PROGRAMS	
Family Member & Training Program	Complete Mailing Address & Phone Number Of Training Agency & Name Of Agency Representative
_____	_____
Family Member's Name	Mailing Address
_____	_____
Training Program	Representative Name Phone

RESOURCES & ASSETS

Net Family Assets includes interests, dividends, and other net income of any kind from real or personal property. cash, travelers' checks, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds certificates of deposit, and personal property such as coin collections, gems, jewelry, or antiques used for investment. (If uncertain about whether something is considered an asset, please contact your specialist to have your questions answered.)

Where the family has Net Family Assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

I/We own or have a share in one or more of the following (including household minors). If answer is YES to any of the following items, you may be asked to complete additional forms and/or provide statement copies. If you have a bank or credit union account and your average, ongoing balance exceeds \$999.99, please attach copies of three (3) recent, consecutive statements. Only printouts with bank certification will be accepted, if you do not have your statements.

Resources:	Yes	No	Name(s) on Account(s)	Cash Value	Bank or Credit Union Name, Address and Account Number
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		\$	
				\$	
Savings Account/Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>		\$	
				\$	
Money on hand (cash)	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Trust or Annuity Account	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Retirement Fund, IRA, KEOGH, etc.	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Stocks/Bonds/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Life Insurance (Whole Life)	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Personal property held as investment assets	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Property on which you are not living	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Real Estate Sales Contract	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Other Resources	<input type="checkbox"/>	<input type="checkbox"/>		\$	

H. Have you or any household member disposed of any asset within the last two years? YES NO
If yes, please list. You may be asked to complete additional forms and/or provide verification.

I. Does any adult in your household (18 years or older) **attend school or college?** YES NO

If yes, please provide the requested information below and attach a copy of class schedule and a copy of recent Financial Aid Award letter. If additional space is needed, write information on a separate sheet of paper.

SCHOOLS OR COLLEGES		
FAMILY MEMBER'S NAME & FULL OR PART-TIME	NAME OF SCHOOL OR COLLEGE, MAILING ADDRESS, PHONE NUMBER, & FAX	AMOUNT OF GRANT
_____ Family Member's Name Please select one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	_____ Name of School or College _____ Address _____ _____ Phone Fax	\$ _____ Amount of Grant (Financial Aid) AND \$ _____ Work Study
_____ Family Member's Name Please select one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	_____ Name of School or College _____ Address _____ _____ Phone Fax	\$ _____ Amount of Grant (Financial Aid) AND \$ _____ Work Study

J. Do you pay childcare for any family member under age thirteen (13) or disabled, to allow you to work or go to school? If yes, complete the following: YES NO

CHILDCARE		
NAME OF FAMILY MEMBER	NAME, MAILING ADDRESS OF CHILDCARE PROVIDER, PHONE NUMBER, & FAX	AMOUNT PAID TO PROVIDER BY FAMILY
_____ Child's Name	_____ Name of Provider _____ Address _____ _____ Phone Fax	\$ _____ (Co-pay) _____ Hours per: <input type="checkbox"/> Week <input type="checkbox"/> Month
_____ Child's Name	_____ Name of Provider _____ Address _____ _____ Phone Fax	\$ _____ (Co-pay) _____ Hours per: <input type="checkbox"/> Week <input type="checkbox"/> Month

K. Have you or any family member of your household ever used any other names, including maiden name, or Social Security numbers other than the one you are currently using? YES NO
 If yes, please explain.

L. Do you owe any money to any Housing Authority for a damage claim or other purposes? YES NO
 If yes, please explain.

M. Have you or any member of your household been charged with felonious use, sale or distribution of an illegal drug or other criminal activity, including sex offenses, that will show up on a Housing Authority background check? YES NO
 If yes, please provide an explanation including charges, dates of charges, pending court action and any corrective actions taken.

N. If head of household or spouse is elderly or disabled, do you pay out-of-pocket medical expenses that exceed 3% of your income for the household? (Insurance, office visit or care attendant co-pays, prescriptions & prescribed over-the-counter medicines or equipment, medically related travel expenses, service animal expenses) YES NO
 If yes, please request & complete **Medical Supplement A**.

EMERGENCY CONTACTS

In case of an emergency, please list persons we may notify:

Name: _____	Relationship: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____

Name: _____	Relationship: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____

I understand that:

- A. The information I/we have supplied is subject to verification by state and federal officials or agencies to decide if I/we are eligible for assistance provided by the Housing Authority.
- B. No additional household members (except children born to me or adopted) may join my household unless and until the owner of the rental unit and the Housing Authority have approved the additional member in writing.
- C. I have a duty to report within ten days if any member of the household leaves.
- D. Failure to promptly report household changes may result in a delay of benefits.
- E. False information and statements are grounds for termination of housing assistance.
- F. I will be required to make retroactive payment for overpaid assistance if I fail to notify the Housing Authority of household changes.
- G. I understand that I may report decreases in income or increases in deductible expenses to the Housing Authority during the year and request a re-evaluation of the amount of the assistance.
- H. I have received a copy of the "Family Obligations Under the Section 8 Rental Assistance Programs" and understand my obligations as a participant in the program. (Form provided at move-in.)
- I. I have rights under the Violence Against Women Act as described in the flyer provided at move-in and/or sent to me with the June 2009 Newsletter. (The VAWA information form is also available upon request.)

Declaration and signature:

I/We have read (or had explained to me/us) and understand the information in this document. I/We declare under penalty of perjury, information I/we have supplied for the Housing Authority is true, correct, and complete to the best of my/our knowledge. I/We understand that I/we will be terminated and criminally prosecuted if benefits are distributed because of willfully false statements made by me/us or willfully failing to report information to the Housing Authority.

Authorization to discuss my housing participation:

I/We do hereby authorize the Housing Authority of Thurston County and its staff to speak with the person or agency listed below to assist with the Recertification or moving process. This person or agency (example: BHR, SSMH, a family member, refugee center, etc.) assisted me with paperwork, etc., and/or has knowledge of my circumstances:

Name: _____	Relationship to family: _____
Phone Number: _____	Agency: _____
Name: _____	Relationship to family: _____
Phone Number: _____	Agency: _____

Authorization and signature of all adult household members:

Everyone who is over 18 or will be 18 within the next three months must sign all forms.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing benefits as well an overpayment recovery.

_____ Signature of head of household	_____ Date	_____ Signature of other adult	_____ Date
_____ Signature of other adult	_____ Date	_____ Signature of other adult	_____ Date

REMINDERS:

Did you complete all sections of this form?
(Incomplete forms will be returned for completion.)

Did all adult household members sign this form?

Did you enclose verification of all income, assets, etc.?