

Trumbull Metropolitan Housing Authority Personal Declaration and Income Checklist

Head of Household and/or the Co-head should complete.

LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M.I.)	Relationship	Date of Birth	Sex	SSN

ELIGIBILITY:

1. I have a family member who is absent from the home:

Name of absent family member: _____

Reason for absence: (please select all that apply)

- _____ **Employment** - Dates: start _____ returning _____
- _____ **Military Service** - Dates: start _____ returning _____
- _____ **Placement in Foster Care** - Date of placement: _____
- _____ **Temporarily in Nursing Home/Hospital** - Date admitted: _____
- _____ **Permanently Confined to Nursing Home/Hospital** - Date admitted: _____
- _____ **Away at School** - Dates: start _____ returning _____
- _____ **Other (please specify include dates):** _____

2. I have a live-in attendant:

- _____ **No**
- _____ **Yes (specify name of attendant):** _____
- Salary per week: \$ _____
- Date started: _____

3. Are there any expected changes to the household:

Reason for change to household: (please select all that apply)

- _____ **Pregnancy/Adoption**
 Due date or date of adoption: _____
 Number of children expecting or adopting: _____
- _____ **Change in custody or obtaining a foster child**
 Date of change: _____
 Number of children change effects: _____
- _____ **Marriage**
 Date of wedding: _____
 Name of fiancé: _____
- _____ **Divorce**
 Estimated finalization date: _____
 Name of person leaving household: _____
- _____ **Custody and care of elderly parent or family member**
 Date of custody: _____
 Name of person being cared for: _____
- _____ **Other (please specify, be as specific as possible)**

1. There is currently income from the following sources:(please select all that apply)

Wages/Salaries

Name of person receiving wage/salary: _____

Name of company/person wage/salary coming from: _____

Tips, bonuses, or commissions

Name of person receiving tips/bonuses/commissions: _____

Name of company/person tips/bonuses/commissions coming from: _____

Overtime Pay

Name of person receiving overtime pay: _____

Name of company/person overtime pay coming from: _____

Income from Unemployment Benefits

Name of person receiving benefits: _____

Name of company benefits received from: _____

Income from Self-Employment

Name of person self-employed: _____

Type of business/business name: _____

Pensions/Retirement Funds

Name of person receiving pension/retirement funds: _____

Name of company pension/retirement coming from: _____

Annuities or non-revocable trust

Name of person receiving annuity/trust funds: _____

Name of company annuity/trust funds coming from: _____

Insurance Policies:

Name of person who holds insurance policy: _____

Name of company policy is with: _____

Severance Pay

Name of person receiving severance pay: _____

Name of company/person severance coming from: _____

Alimony

Name of person receiving alimony: _____

Name of person alimony coming from: _____

Child Support

Name of person receiving child support: _____

Name of person child support coming from: _____

Military Pay

Name of person receiving military pay: _____

Branch of service person is in: _____

Death Benefits

Name of person receiving the benefit: _____

Name of company benefit coming from: _____

Income from Rent/Sale of Property

Name of person receiving proceeds: _____

Name of person paying rent/buying home: _____

Periodic Payments from Lottery Winnings

Name of person receiving winnings: _____

Name of state or company paying winnings: _____

Regular Recurring Contributions from Person/Agencies Outside of Household

Name of person/agency making the contribution: _____

Description of contribution: _____

Income Received through a Government Program

(Social Security, Disability, SSI, Public Assistance/TANF/OWF/GA, Unemployment, Workman's Compensation, Fairhaven, College Programs, Internship, Grant, Senior Aides, Older American Community Service Employment Program, Americorps, etc...)

Name of person on the government program: _____

Name of government program providing assistance: _____

Other (please specify, be as specific as possible)

2. Did you or any other members of the household file a federal tax return last year?

No

Yes

1. There are currently assets from the following sources: (please select all that apply)

Checking Accounts
 Name of person with account: _____
 Name of financial institution account is with: _____

Savings Accounts
 Name of person with account: _____
 Name of financial institution account is with: _____

Certificate of Deposits
 Name of person with certificate: _____
 Name of financial institution certificate is with: _____

Money Market Accounts
 Name of person with account: _____
 Name of financial institution account is with: _____

IRA/Keogh Account
 Name of person with account: _____
 Name of financial institution account is with: _____

Stocks
 Name of person with stocks: _____
 Name of company stock is with: _____

Bonds
 Name of person with bonds: _____
 Type of bonds owned: _____

Treasury Bills
 Name of person with treasury bills: _____

Trust Fund
 Name of person with trust: _____
 Type of trust: _____

Real Estate
 Name of owner of real estate: _____
 Type of Real estate owned: _____

Whole life or universal life insurance policy
 Name of person with insurance policy: _____
 Name of company policies are with: _____

Assets held in another state or foreign country
 Name of person with asset: _____
 Type of asset held: _____

Other (include cash-on-hand or in safe deposit boxes): _____

2. Have you or any other members of the household received any lump sum payments: (please select all that apply)

Inheritance
 Name of person receiving inheritance: _____
 Where is inheritance coming from: _____

Lottery Winnings
 Name of person receiving lottery winnings: _____
 Where are the lottery funds coming from: _____

Insurance Settlements
 Name of person receiving insurance settlement: _____
 Name of insurance company settlement coming from: _____

Other (please specify, be as specific as possible): _____

3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?

No
 Yes
 Name of person who disposed of asset: _____
 Type of asset disposed of: _____

4. Do you or any other household members have any assets that are held jointly with another person that is not part of the household?

No
 Yes
 Name of household member with asset: _____
 Name of person that asset is held jointly with: _____
 Type of asset held: _____

1. Are there any fulltime students 18 years of age or older in the household?

- No
- Yes

Name of student: _____
 Name of school enrolled in: _____

2. Is there an elderly household member (age 62 or older) or a person with a disability?

- No
- Yes

Name of person: _____

3. Do you have medical expenses that are not paid for by an outside source such as insurance?

- No
- Yes

Name of person expense is for: _____
 Name of company expense paid to: _____
 Amount of medical expenses paid out-of-pocket: \$ _____

4. Do you have disability expenses that are not paid for by an outside source?

- No
- Yes

Name of person expense is for: _____
 Name of company expense paid to: _____
 Amount of disability expenses paid out-of-pocket: \$ _____

If yes, is this service necessary to enable a family member, including the member with a disability, to be employed? (Please explain) _____

5. Do you have attendant care expenses?

- No
- Yes

Name of person expense is for: _____
 Name of company/person expense paid to: _____
 Amount of attendant care expenses paid out-of-pocket: \$ _____

If yes, is this service necessary to enable a family member, including the member with a disability, to be employed? (Please explain) _____

6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?

- No
- Yes

Name & Age of person expense is for: _____
 Name of company/person expense paid to: _____
 Amount of childcare expenses paid out-of-pocket: \$ _____

If yes, is this service necessary to enable a family member to be employed? (Please explain) _____

7. Do you or anyone in the household receive Medicare Drug Benefit Part D?

- No
- Yes

Yes _____ No _____ Is the applicant and/or tenant or any member of the applicant's/tenant's household subject to a lifetime state sex offender registration program in any state. NOTE: Failure to respond to the question may jeopardize the approval of the application or tenancy of the tenant.

Yes _____ No _____ Are you enrolled as a student at an institution of higher education [as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)];

Yes _____ No _____ Are you under 24 years of age;

Yes _____ No _____ Are you a veteran;

Yes _____ No _____ Are you married;

Yes _____ No _____ Do you have a dependent child

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

- Have your lease terminated and be evicted
- Have your assistance terminated
- Be required to repay all overpaid rental assistance you received
- Be fined up to \$10,000
- Be imprisoned for up to five years
- Be prohibited from receiving future assistance

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

By signing below I am certifying that I have completed this questionnaire and that the answers I have given are true and complete to the best of my knowledge.

Head of Household

Date

Co-Head of Household

Date

EMAIL ADDRESS: _____

Current Phone Number

Current Address

I certify I have reviewed this document with the client(s) named above.

TMHA Representative

Date