

**CAMPBELL COUNTY DEPARTMENT OF HOUSING
1098 MONMOUTH ST., Room 235 NEWPORT, KY 41071
PH: 859-261-5200 TDD/TTY 1-800-545-1833 x 947**

PERSONAL DECLARATION

THE FOLLOWING IS TO BE COMPLETED IN THE APPLICANT'S OWN HANDWRITING. **ALL QUESTIONS MUST BE ANSWERED** TRUTHFULLY AND ACCURATELY. FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION WILL RESULT IN THE FAMILY'S INELIGIBILITY FOR ASSISTANCE. **PLEASE PRINT.**

FAMILY COMPOSITION:

Head of Household full name: _____ Current address: _____

Email: _____@_____ Phone number: _____

Date of Birth MM/ DD/ YYYY : _____ Social Security number: _____

What is your marital status? Single _____ Married _____ Separated _____ Widowed _____ Divorced _____

Spouse or other adult's full name: _____ Date of Birth MM/ DD/ YYYY : _____

Current address if different from above _____

Phone Number : _____ Social Security number: _____

Email _____@_____

Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you are currently using?

Yes _____ No _____ If yes, explain: _____

List all household members (use additional page if needed):

NAME	RELATIONSHIP	RESIDE IN YOUR ASSISTED UNIT 50% OF THE TIME?	DATE OF BIRTH MM/DD/YYYY	IF CURRENTLY ENROLLED LIST NAME & ADDRESS OF SCHOOL	NAME OF ABSENT PARENT FOR MINOR	DISABLED
		YES / NO				YES / NO
		YES / NO				YES / NO
		YES / NO				YES / NO
		YES / NO				YES / NO
		YES / NO				YES / NO
		YES / NO				YES / NO

Are there any other persons not mentioned above who live or will live in your household? Yes _____ No _____

If yes explain: _____

Are you or any member of the household subject to a lifetime sex offender registration, or any sex offender registration requirements, in any state or country? Yes _____ No _____ If yes, please give the name of the household member and the terms of the registration requirement: _____

INCOME: List all income received by and for **everyone** in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement/pensions, AFDC, Welfare, Veteran Benefits, unemployment benefits, rental property income, property settlement, stock dividends, interest from bank accounts and stock dividends, alimony, and all other income: _____

Where have you worked during the past 12 months? _____

Does anyone outside of your household pay any of your bills or give you money? Yes _____ No _____ (If "yes," please provide their name, address and phone number): _____

STUDENT STATUS: Are you currently enrolled or attending a college or university? Yes _____ No _____ If yes, please indicate whether you are a full-time or part-time student, and give the name of the school you are attending: _____

ASSETS: Do you or any household member own or have any interest in any real estate/ boat/ mobile home? Yes _____ No _____

Have you disposed of any real estate or asset in the last 2 years for less than fair market value? Yes _____ No _____

Do you own any stocks, bonds, CDs, life insurance policies or other like assets? Yes _____ No _____

Do you have a bank account (savings or checking account) ? Yes _____ No _____

If "yes," to any asset question, please list detailed information as to the type and organization where the asset is held (for example: savings account at U.S. Bank): _____

EXPENSES: How much rent do you currently pay? \$ _____

What utilities are you responsible for per your lease agreement? _____

Do you own the refrigerator in the assisted unit? Yes _____ No _____

Do you own the stove in the assisted unit? Yes _____ No _____

List other monthly expenses (unreimbursed child care / unreimbursed medical expenses): _____

Have you or any member of your household ever lived in or been on any Section 8 Program or lived in Public Housing? Yes _____ No _____

List where and when: _____

Have you ever committed any fraud in a Federal housing assistance program or been requested to repay any money for misrepresenting information for such programs? Yes ___ No ___ If "yes" explain: _____

Have you ever been evicted from, charged with a debt to, required to pay money back to, or currently owe money to, any Federal housing assistance program for any reason? Yes _____ No _____ If yes, please explain and give amount owed, if applicable: _____

Do you or any household member have any convictions of any drug-related activity or violent criminal activity in the past 3 years? Yes ____
No ____ If "yes" explain: _____

Do you or any household member have any active warrants or criminal charges pending against you at this time? Yes _____ No _____
If "yes" explain: _____

Have you or any household member ever been convicted of production or manufacturing of methamphetamine on the premises of federally
assisted housing? Yes ____ No ____ If "yes" explain: _____

If you are a Program Participant, please certify that you have performed a cursory review of your unit and notified the housing authority of
any repairs/defects that have not been addressed by your landlord _____ (**Initial here to certify**). Note any defects/repairs needed here:

I do hereby swear and attest that all of the information provided on this form is true and complete. I understand that all changes in my income must be reported to Campbell County Department of Housing in writing within 10 business days. I also understand that I must submit a written request to make any changes to my household composition and may not add a new household member without first obtaining PHA approval.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

WARNING! SECTION 1001 OF TITLE 18 OF THE U.S. CODE makes it a criminal offense to make willful false statements or misrepresentation to any department of the United States as to any matter within its jurisdiction. It is also a criminal offense under the KENTUCKY REVISED STATUTES to make willful false statements to this agency.

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountyky.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

