



Lake County Housing Authority
33928 North U.S. Highway 45
Grayslake, IL 60030



PERSONAL DECLARATION

This form **MUST** be completely filled out personally by the Head of Household or Spouse.* You must use the correct legal name for each member of your household as it appears on their Social Security card.

ALL ADULT MEMBERS 18 OR OLDER MUST INITIAL AND DATE ALL PAGES AND MUST SIGN AT THE END OF THIS FORM ON PAGE 9 CERTIFYING THE INFORMATION IS CORRECT.* DO NOT LEAVE ANY PART BLANK. INCOMPLETE FORMS ARE NOT ACCEPTABLE AND WILL BE RETURNED.

PLEASE PRINT.

FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION SHALL BE GROUNDS FOR DENIAL OR TERMINATION. FALSE OR MISLEADING INFORMATION SHALL ALSO BE GROUNDS FOR DENIAL OR TERMINATION.

HUD REGULATIONS REQUIRE THAT YOU MUST CLAIM THE RACE - WHITE, BLACK, AMERICAN INDIAN/ALASKA NATIVE, ASIAN, OR NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (page 2) - AND ETHNICITY - HISPANIC OR NON-HISPANIC (page 2) - FOR EACH PERSON IN YOUR ASSISTED FAMILY. YOUR APPLICATION CAN NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS GIVEN TO THE AUTHORITY.

Please understand if you have mixed race/ethnicity members of your family, you are required to decide which race and/or ethnicity they are and so indicate on the list of family composition on page 2 of this form.

*You may obtain assistance in order to complete the form from anyone of your choice except Authority staff. The person assisting you must sign the form on page 9 as indicated.

Page 1 of 9 pages

PLEASE PRINT

HOUSEHOLD COMPOSITION: List ALL persons who will be living in your home in the following order:

1. Head of Household
 2. Spouse
 3. All adults in order by age (18 or older)
 4. All minor children in age order (17 and younger)
- If more space is needed, please add another plain sheet of paper.

IN ORDER TO COMPLY WITH HUD REGULATIONS YOU MUST DECLARE FOR EACH FAMILY MEMBER, THAT MEMBER'S RACE AND ETHNICITY. IF THE MEMBER IS OF MIXED RACE/ETHNICITY, YOU MUST DECLARE THEIR RACE AND ETHNICITY WHICH YOU CHOSE FOR THEM. SEE BELOW:

RACE: WHITE (ENTER 1), BLACK (ENTER 2), AMERICAN INDIAN/ALASKA NATIVE (ENTER 3), ASIAN (ENTER 4), NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (ENTER 5)

ETHNICITY: HISPANIC (ENTER 1), NON-HISPANIC (ENTER 2)

FAMILY MEMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	AGE	MALE OR FEMALE	DISABLED ? Y/N	RACE	ETHNICITY	CITIZEN? Y/N	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD
1.												Head of Household
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												

CURRENT ADDRESS:

STREET ADDRESS CITY/TOWN STATE ZIP CODE

HOME PHONE NUMBER:

WORK PHONE NUMBER:

I-A HOUSEHOLD COMPOSITION INFORMATION

1. Is anyone living with you now who will not be living with you in the assisted unit? Yes _____ No _____

If yes, explain _____

2. Are there any absent household members who, under normal conditions, would live with you? Yes _____ No _____

If yes, explain _____

3. Do you expect any additions to the household within the next twelve (12) months? Yes _____ No _____

If yes, explain _____

List schools attended by children:

Child	School	Address	Phone #

List child's name

List name of child's absent Mother/Father

Absent Parent's Address

Phone #

List child's name	List name of child's absent Mother/Father	Absent Parent's Address	Phone #

Check marital Status: Married _____ Separated _____ Never Married _____
 Widowed _____ Divorced _____

If separated or divorced, list all name(s) and address(s) of husband/wife and ex-husband(s)/wife(s)

Name	Address	Phone #

VERIFICATION OF ALL INFORMATION IS REQUIRED

II. WAGE INFORMATION: LIST BELOW **ALL** JOBS HELD NOW **AND** THOSE HELD WITHIN THE **LAST 12 MONTHS** BY **ALL** MEMBERS OF THE HOUSEHOLD 18 YEARS OLD AND OVER.

FAMILY MEMBER NUMBER	EMPLOYER NAME	EMPLOYER ADDRESS	JOB TYPE S = SEASONAL N = NON-SEASONAL	INDICATE DATE HIRED AND ENDED FROM: TO:

FAMILY MEMBER NUMBER	HOW PAID WAGE? Hr./Wk.	Rate of Pay (Reg. Hrs.)	Aver. Reg. Hrs. Per week	Rate of Overtime Pay	Average Overtime Hrs/Week

Do you or anyone in your family work for cash? Yes_____ NO_____

If yes, explain_____

Have you or anyone in you household participated in an employment training program? Yes_____ NO_____ If yes, explain who participated, where and when:

A. CHILD CARE EXPENSES

DO YOU PAY FOR THE CARE OF A CHILD AGE 12 OR UNDER? Yes_____ No_____

If yes, how much do you pay out of your pocket?_____ per wk mo.
(circle one)

Who do you pay?_____

Name and Address Phone Number

Do you receive any assistance with your child care cost? Yes_____ NO_____

If yes, from where or who?_____

If from the state, provide a copy showing the amount you are to pay.

III. OTHER HOUSEHOLD INCOME:

In the space provided below list **ALL** other household income received by everyone in your household **including children**. This includes Employers Long or Short Term Disability Payments, Unemployment Compensation, **Child Support, Social Security**, Disability Payments (S.S.I, include Child(ren)'s S.S.I., Workmen's Compensation), Retirement Benefits (Pensions, Insurance Dividends, 401 (k)s, etc.). TANF (Temporary Assistance to Needy Families, formerly Public Aid), Adoption Assistance (DCFS payments for adopted children), Military Pay, Veteran's Benefits, Rental Property Income, Alimony, Contributions from relatives and friends for living expenses, **AND ALL OTHER SOURCES NOT MENTIONED HERE.**

Member Number	Type of Income (other than wages)	Income Amount	How Paid? Wk., Mo., etc.

III - A. If you receive TANF, how are you meeting your work requirements?

If you are performing community service. where is that service being preformed? _____

IV. DO YOU ENGAGE IN THE SELLING OF GOODS OR SERVICES? YES _____ NO _____
 If yes, what type of business or service _____
 Name of Business _____
 Location of Business _____
 Monthly Gross Income _____

VI. **CRIMINAL ACTIVITY** (ALL INFORMATION MUST BE TRUE AND COMPLETE. FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL BE GROUNDS FOR DENIAL OR TERMINATION OF PARTICIPATION)

1. Are you or anyone in your household subject to a registration requirement under a state sex offender registration program?
Yes _____ No _____
If yes, please indicate the name of the person(s) _____

2. Have you or anyone in your household **EVER** been **INVOLVED IN, ARRESTED FOR, OR CONVICTED OF A FELONY?** Yes _____ No _____
If yes, who? _____
What was the crime? _____
Where did it happen? _____
When did it happen? _____

3. Have you or anyone in your household **EVER** been **INVOLVED IN, ARRESTED FOR, OR CONVICTED OF DRUG-RELATED CRIMINAL ACTIVITY?** Yes _____ No _____
If yes, who? _____
What was the drug-related criminal activity? _____
Where did it happen? _____
When did it happen? _____
Did the person(s) successfully complete a drug treatment program?
Yes _____ No _____
If yes, where? _____ When? _____

4. Have you or anyone in your household **EVER** been **INVOLVED IN, ARRESTED FOR, OR CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS?** Yes _____ No _____
If yes, who? _____
What was the crime? _____
Where did it happen? _____
When did it happen? _____

VII. MISCELLANEOUS INFORMATION: **PLEASE BE SURE YOUR ANSWERS ARE TRUE AND COMPLETE.**

1. Do you and/or any household member own or have an interest in any real estate, boat, and/or mobile home? Yes _____ No _____
2. Have you sold any real estate in the last 2 years? Yes _____ No _____
If yes, explain _____
3. Do you own/lease a vehicle? Yes _____ No _____
Model/Year _____ Vehicle License No. _____
Do you own a second vehicle? Yes _____ No _____
Model/Year _____ Vehicle License No. _____
4. Does anyone outside of your household pay for any of your bills or give you money? Yes _____ No _____
If yes, explain _____
5. Have you or any other adult family member ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes _____ No _____
If yes, explain _____
6. Have you or any other household member lived in public housing or in any other unit where help with rent was given through a rental assistance program? Yes _____ No _____
If yes, where _____ When _____
7. Were you or any other household member evicted from such housing? Yes _____ No _____
If yes, when/where/details _____
8. Have you or any other household member abused drugs/alcohol to the extent such abuse caused behavior that interfered with the health, safety or right to peaceful enjoyment of the premises of others? Yes _____ No _____
9. Have you ever committed fraud in a federally assisted housing program or been requested to repay money for misrepresenting information for such housing? Yes _____ No _____
10. Do you currently owe any money to this or any other housing authority for unpaid rent or damages paid to a landlord on your behalf? Yes _____ No _____
If yes, explain _____

Initial _____ Date _____

I do hereby swear and attest that ALL of the information above, is true and complete. I also understand, that should any family member move out of the assisted housing, I must report that within ten (10) days of the moveout, AND I understand, that **I MUST HAVE THE AUTHORITY'S APPROVAL BEFORE I PERMIT ANOTHER ADULT OR FOSTER CHILD OR CHILDREN TO MOVE INTO THE ASSISTED UNIT.** Further, I understand that I must report in writing within ten (10) days of the birth or adoption of a child.

Signature of Head of Household/Date

Signature of Spouse/Date

Signature of Other Adult/Date

Signature of Other Adult/Date

Signature of Other Adult/Date

Signature of Other Adult/Date

If you received assistance in completing this form, that person must sign below:

I certify that I assisted this family in completing the Personal Declaration form.

Print Name/Relationship

Signature/Date

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.

Would anyone in your family benefit from having a light-emitting smoke detector in their bedroom? Yes _____ No _____

(If you respond "yes" you may be required to verify a need based on inability to hear a standard smoke detector at 75 decibels at ten feet)

Would you like a copy of all signed documents for your records?

Please circle: YES NO

**LAKE COUNTY HOUSING AUTHORITY
EARNED INCOME DISALLOWANCE**

TENANT NAME _____ ACCOUNT NUMBER _____

You have reported an increase in earned income. To determine if you qualify for the Earned Income Disallowance, please answer the following questions:

1. Were you previously unemployed for one or more years prior to your current employment? Yes No
2. Did you previously earn less than \$3,250.00 in the last year? Yes No
3. Did your earnings increase **during** your participation in any of the following economic self-sufficiency programs or other job training programs? (Indicate all that apply)
- Job Training Yes No
 - Employment counseling Yes No
 - Work placement Yes No
 - Basic skills training Yes No
 - Education Yes No
 - English proficiency Yes No
 - Workfare Yes No
 - Financial or household management Yes No
 - Apprenticeship Yes No
 - A work preparedness program (includes substance abuse or mental health treatment program) Yes No
 - Other work activities Yes No

Please provide a description of the program(s) you participated in:

4. Have you received monthly TANF benefits within the last six months? Yes No
5. Have you received any TANF benefits in the form of one-time payments, wage subsidies or transportation assistance over the last six-month period? Yes No
- A) Was the total amount at least \$500.00? Yes No

Tenant Signature

Date