

OSHKOSH & WINNEBAGO COUNTY HOUSING AUTHORITIES

600 Merritt Avenue, P.O. Box 397, Oshkosh, WI 54903-0397
(920) 424-1450, Fax (920) 424-1474, TDD (920) 424-1479

PERSONAL DECLARATION FOR FAMILY UNITS: This form must be completed in your own handwriting. You must use the correct legal Name for each member of your household. All adult members of the household must sign below certifying the information pertaining to them. If you need additional space, please attach another sheet of paper. **PLEASE PRINT.**

Head of Household Name: _____ Home Phone: _____

Address: _____ Other Phone: _____
Street City Zip

I. HOUSEHOLD : List all persons who will be living in your home. List Head of Household first.

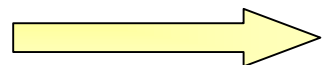
Legal Name of each household member	Date of Birth	Age	Relationship to Head of Household	Social Security Number	Absent Parent's Name
			Head of Household		

II. INCOME: Please check all applicable sources of income and assets for all household members. Put the amount you receive **monthly** from each source on the line next to it.

- | | | |
|--|--|--|
| <input type="checkbox"/> Social Security \$ _____ | <input type="checkbox"/> Unemployment \$ _____ | <input type="checkbox"/> Alimony \$ _____ |
| <input type="checkbox"/> SSI \$ _____ | <input type="checkbox"/> Pension \$ _____ | <input type="checkbox"/> Church Support \$ _____ |
| <input type="checkbox"/> Wages \$ _____ | <input type="checkbox"/> W-2/AFDC \$ _____ | <input type="checkbox"/> Annuities \$ _____ |
| <input type="checkbox"/> Support From Family \$ _____ | <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Stocks & Bonds \$ _____ |
| <input type="checkbox"/> I/We have no sources of income | <input type="checkbox"/> Rental Property/Real Estate Property \$ _____ | |
| <input type="checkbox"/> Other (Please specify) \$ _____ | | |

III. ASSETS *(include assets of all household members):* Attach another sheet if needed to report all assets. Identify any/all checking and savings accounts, stocks, bonds, mutual funds, IRA's, and CD's that you own, or any other assets. List the type of asset and the name of the institution you have it at (i.e. "savings account at Citizen's First C.U.")

Signatures are required on the back of this form. Please Turn Over



IV. VEHICLES: List all household members' vehicles which will be parked on the property.

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE NUMBER

V. MEDICAL EXPENSES For Elderly and/or Disabled households (include insurance, prescriptions, doctor visits etc. Attach another sheet if needed .

Name of Company or Doctor	Address (street, city & zip)	Estimated Annual expense

VI. CHILDCARE EXPENSES.

Name of Childcare Provider	Address (street, city & zip)	Estimated Annual expense

1. Has any household member sold, gifted or donated property or any other assets worth more than \$1,000 in the past two years? Yes or No If yes, _____.
2. Does anyone outside of your household pay for any of your bills or give you money? Yes or No If yes, list where and when. _____.
3. Has any adult household member ever used any name or Social Security Number(s) other than the one listed on this application? Yes or No If yes explain _____.
4. Has any household member ever been convicted of any crime other than minor traffic violations? Yes or No If yes, disclose any convictions including Driving Under the Influence (DUI or DWI) _____.
5. Has any household member ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No If yes, explain. _____.

I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can effect my/our eligibility. I/We understand that it is my/our responsibility to promptly report changes, and all such reports must be in writing.

Head of Household _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.