

OSHKOSH & WINNEBAGO COUNTY HOUSING AUTHORITIES

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

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 **and** then the specific name of the source such as the employers name or company's name.

- | | |
|--|---|
| <input type="checkbox"/> Social Security \$ _____ <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Employment 1 \$ _____ - Employer's Name _____ - Household member _____ <input type="checkbox"/> Employment 3 \$ _____ - Employer's Name _____ - Household member _____ <input type="checkbox"/> Money Received From Family \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Rental Income / Real Estate Property \$ _____ <input type="checkbox"/> Other (Please specify) \$ _____ | <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Money Received from Church \$ _____ <input type="checkbox"/> Employment 2 \$ _____ - Employer's Name _____ - Household member _____ <input type="checkbox"/> Employment 4 \$ _____ - Employer's Name _____ - Household member _____ <input type="checkbox"/> W-2/TANF \$ _____ <input type="checkbox"/> Annuities \$ _____ <input type="checkbox"/> I/We have no sources of income |
|--|---|

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 current balance or value of the assets marked and the name of the institution you have the asset with. Include assets owned by minor children.

| | Name of Bank or Investment Company | - Household Member |
|---|------------------------------------|--------------------|
| <input type="checkbox"/> Checking Account #1 \$ _____ | _____ | _____ |
| <input type="checkbox"/> Checking Account #2 \$ _____ | _____ | _____ |
| <input type="checkbox"/> Savings Account #1 \$ _____ | _____ | _____ |
| <input type="checkbox"/> Savings Account #2 \$ _____ | _____ | _____ |
| <input type="checkbox"/> Stocks \$ _____ | _____ | _____ |
| <input type="checkbox"/> Bonds \$ _____ | _____ | _____ |
| <input type="checkbox"/> Mutual Funds \$ _____ | _____ | _____ |
| <input type="checkbox"/> IRA / 401k \$ _____ | _____ | _____ |
| <input type="checkbox"/> CD's \$ _____ | _____ | _____ |
| <input type="checkbox"/> Other \$ _____ | _____ | _____ |
| <input type="checkbox"/> I have no cash assets | | |

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. Only needed if seeking allowance).

| 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. _____.

6. Do any household members AGED 18 and older attend school (including High School, Technical College, University, or other)? **Yes or No** If yes, list household member and school._____.

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)

Other Adult _____ Date _____
(signature)

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.