



**Housing Choice Voucher Program**  
**PERSONAL DECLARATION**  
*Interim Recertification Only*

\_\_\_\_\_  
 Name of Head of Household

This form must be completed IN YOUR OWN HANDWRITING. **PLEASE PRINT AND USE AN INK PEN.**

It is very important that you **ANSWER ALL QUESTIONS** and provide information that is correct and complete. **Please remember that as the head of household, you (and your spouse) are responsible for providing true and complete information for everyone living in the home.** The head of the household and/or spouse must sign below certifying that the information is true and complete for everyone living in the home. You should discuss the questions with other adult household members as you complete the form to be sure that you are providing true and complete information for every household member.

Please contact your rental assistance specialist by phone with any questions as you complete the form.

**I. CHANGE INFORMATION**

1. What change has occurred since your last recertification (please mark all that apply)?
 

<input type="checkbox"/> Increase in Income	<input type="checkbox"/> Decrease in Income
<input type="checkbox"/> Increase in Assets (checking, savings, 401K, etc.)	<input type="checkbox"/> Decrease in Assets (checking, savings, 401K, etc.)
<input type="checkbox"/> A person has moved out of the home. If so, Who: _____	
<input type="checkbox"/> A new person has requested to move into the home. If so, please add their information below under Household Composition.	
<input type="checkbox"/> Someone in the household has delivered a baby, adopted a child or is requesting to add a foster child to the home. If so, please add their information below under Household Composition.	
<input type="checkbox"/> Other Change (please give specific information about the change): _____	

**II. ADDRESS INFORMATION**

1. Address where you live now: \_\_\_\_\_  
(Street Address) (City) (State) (ZIP Code)
2. Address where you receive your mail: \_\_\_\_\_  
(If different from address where you live) (Street Address or P.O. Box) (City) (State) (ZIP Code)
3. Head of Family's *current* daytime phone number: ( ) \_\_\_\_\_ Cell phone number: ( ) \_\_\_\_\_  
 In the event we are unable to reach you, please list *another number* where you may be reached during the day, such as the number of a relative: ( ) \_\_\_\_\_.

**III. HOUSEHOLD COMPOSITION**

List any **ADULTS** (anyone 18 years and over) **who you are requesting to be added to the household.**

ADULTS (legal name as it appears on the Social Security card) <b>WHO HAVE MOVED INTO THE HOME</b>	U.S. Citizen (Yes or No)	Date of Birth	Relationship to the Head of the Family	Social Security Number	Indicate: Married (M); Widowed (W) Separated (S); Divorced (D) Never Married (NM)
1.					YEAR:
2.					YEAR:
3.					YEAR:

List any **CHILDREN** (anyone under the age of 18) **who you are requesting to add to the household.**

CHILDREN WHO HAVE MOVED INTO THE HOME (Name as it appears on SS CARD)	U.S. Citizen (Yes or No)	Date of Birth	Relationship to the Head of the Family	Social Security Number	Absent Parent's Name / Phone Number	Absent Parent's Address
1.						
2.						
3.						

**IV. OTHER INFORMATION**

1. Enter the following information for any new household members who go to school or for any other household member who has started school since the last recertification (not daycare):

Child/Adult: \_\_\_\_\_ Child/Adult: \_\_\_\_\_ Child/Adult: \_\_\_\_\_  
 School: \_\_\_\_\_ School: \_\_\_\_\_ School: \_\_\_\_\_  
 City/State: \_\_\_\_\_ City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

2. Is any new family member(s) who is OVER THE AGE OF 18 also a full-time student or has any other household member OVER THE AGE OF 18 become a full time student since the last recertification?  Yes  No  
 Not Applicable

If yes, who and where do they go to school? \_\_\_\_\_

Is the school an institution of higher education?  Yes  No  Don't Know.

Does the student receive financial aid from the institution?  Yes  No.

Does the financial aid exceed the cost of tuition?  Yes  No.

Does the student receive financial assistance from other sources, such as a relative?  Yes  No

Amount of financial aid/assistance received: \$ \_\_\_\_\_; Amount of Tuition \$ \_\_\_\_\_

Name and Address of institution and/or person providing financial aid: \_\_\_\_\_

3. Has there been an increase in your household income any time since the last recertification or does any new family member have income?  Yes  No

If yes, what family member: \_\_\_\_\_

If yes, enter the type/source of income and date income was added to the household: \_\_\_\_\_

4. Has any household member had an income decrease since the last recertification?  Yes  No

If yes, list who & income type/source: \_\_\_\_\_

**5. List the type/source and monthly amount of EACH income source for ALL household members below:**

<i>Household Member Name</i>	<i>Type/Source of Income (i.e. wages, SSI, TANF)</i>	<i>Monthly Amount</i>

6. Has any family member started to work since the last recertification?  Yes  No.

If yes, what date did employment begin? \_\_\_\_\_

Does any new family member work?  Yes  No

If yes to either of the above, please complete:

Family member's name: \_\_\_\_\_

Family member's name: \_\_\_\_\_

Name of person or company they work for: \_\_\_\_\_

Name of person or company they work for: \_\_\_\_\_

Phone & Fax #: \_\_\_\_\_

Phone & Fax#: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**\*THDA Staff Only: If person who has started to work is disabled, an Earned Income Disallowance may apply.**

7. Has any family member started to receive child support since the last recertification or does any new family member receive child support?  Yes  No. If yes, enter the name of the family member(s) who now receives child support: \_\_\_\_\_

Is child support received through the state of Tennessee?  Yes  No, If YES, please

enter case or member identification number: \_\_\_\_\_

Is child support received through another state?  Yes  No, If YES, please enter the state and contact information for account: \_\_\_\_\_

Is child support received directly from the absent parent?  Yes  No, If YES, please enter the absent parent's name, address and phone: \_\_\_\_\_

8. Has there been a change in assets since the last certification?  Yes  No  
If yes, enter the name of the asset and name of family member who possesses the asset: \_\_\_\_\_

9. Has anyone sold or given away any real property or any other asset since the last recertification?  
 Yes  No  
If yes, enter the name of the family member who sold or gave away the asset and enter the name of the asset: \_\_\_\_\_

10. Has anyone opened a checking account since the last certification or does any new member have a checking account?  Yes  No.  
*If YES, you must send a copy of the 3 most recent monthly account statements with this form.*  
If yes, enter the name of the family member: \_\_\_\_\_  
If yes, enter the name of the bank: \_\_\_\_\_ Phone number: \_\_\_\_\_

11. Has anyone opened a savings account since the last certification?  Yes  No  
*If YES, you must send a copy of the most recent monthly account statement with this form.*  
If yes, enter the name of the family member: \_\_\_\_\_  
If yes, enter the name of the bank: \_\_\_\_\_ Phone number: \_\_\_\_\_

**12. EXPENSES (BILLS) List all monthly bills paid by family members.**

Item		Monthly payment	Paid by whom?	Current or past due?	Balance
Rent	<input type="checkbox"/> None				
Electricity	<input type="checkbox"/> None				
Gas for House	<input type="checkbox"/> None				
Water	<input type="checkbox"/> None				
Telephone	<input type="checkbox"/> None				
Cell Phone	<input type="checkbox"/> None				
Internet	<input type="checkbox"/> None				
Food	<input type="checkbox"/> None				
Cable	<input type="checkbox"/> None				
Trash Removal	<input type="checkbox"/> None				
Car Payment (s)	<input type="checkbox"/> None				
Gas for Car	<input type="checkbox"/> None				
Car Insurance	<input type="checkbox"/> None				
Life Insurance	<input type="checkbox"/> None				
Furniture	<input type="checkbox"/> None				
Loan (s)	<input type="checkbox"/> None				
Rentals	<input type="checkbox"/> None				
Credit Card	<input type="checkbox"/> None				
Credit Card	<input type="checkbox"/> None				
Other:					
Other:					

13. Has there been a change in child care expenses since the last certification?  Yes  No  
If yes, enter the name of the family member who has had change in child care expenses: \_\_\_\_\_  
Name and phone # of child care provider: \_\_\_\_\_

14. If the head or spouse is elderly or disabled, has there been a change in medical expenses since the last certification?  Yes  No  Not Applicable  
If yes, enter the name of the family member who has had a change in medical expenses: \_\_\_\_\_

15. If a family member is disabled, has there been a change in disability assistance expenses since the last certification?  Yes  No  Not Applicable  
If yes, enter the name of the family member who has had a change in disability assistance expenses: \_\_\_\_\_

16. If the family has added a new member or members, are they disabled?  Yes  No  Not Appl.  
If yes, enter name of family member(s): \_\_\_\_\_  
Does this family member(s) work?  Yes  No  Not Applicable

17. Has anyone (including a guest or other individual) been arrested in your home since the last certification?  
 Yes  No

If yes, enter the name of the individual(s): \_\_\_\_\_

18. Has anyone in the family been arrested for any type of crime since the last certification?  
 Yes  No

If yes, enter the name(s) of the family member(s): \_\_\_\_\_

Where did the arrest(s) occur? \_\_\_\_\_

When did the arrest(s) occur? \_\_\_\_\_

19. Has anyone in the family been convicted, pled guilty or pled "no contest" to any type of crime (misdemeanor or felony) since the last certification?  Yes  No

If yes, enter the name of the family member(s): \_\_\_\_\_

Where did the conviction(s) occur? \_\_\_\_\_

When did the conviction(s) occur? \_\_\_\_\_

No 20. Has anyone been required to register for the state sex offender program since the last certification?  Yes

If yes, enter the name(s) of the family member(s): \_\_\_\_\_

21. Has any new family member ever been arrested or convicted of any type of crime?  
 Yes  No

If yes, enter the name(s) of the family member(s): \_\_\_\_\_

Where did the arrest(s)/conviction(s) occur? \_\_\_\_\_

When did the arrest(s)/convictions occur? \_\_\_\_\_

**CERTIFICATION**

**I, hereby, swear and attest that all of the above information is true and complete. I understand that as the head of household, I am responsible for providing true and complete information for every person who lives in the home. I also understand that as the head of the household, my rental assistance may be terminated for failing to supply true and complete information for the entire household.**

**I understand that I must report, in writing, to the Section 8 office the following changes within 14 days of the change: any change in family composition, anyone starting to work (full or part time), any change in the type or source of income for anyone living in the home, receipt of any addition to assets for anyone living in the home.**

**I also understand that I must request, in writing, approval from THDA and my landlord *before* any new members may be added to the household.**

**WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES IS GUILTY OF A FELONY.**

**TITLE 13, PUBLIC PLANNING AND HOUSING, CHAPTER 23, SECTION 133 OF THE TENNESSEE CODE ANNOTATED STATES THAT IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY MAKE, UTTER, OR PUBLISH A FALSE STATEMENT OF SUBSTANCE OR AID OR ABET ANOTHER PERSON IN MAKING, UTTERING, OR PUBLISHING A FALSE STATEMENT OF SUBSTANCE FOR THE PURPOSE OF INFLUENCING THE AGENT TO ALLOW PARTICIPATION IN ANY OF ITS PROGRAMS. A VIOLATION OF THIS SECTION IS A CLASS E FELONY.**

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE or CO-HEAD (if applicable)

\_\_\_\_\_  
DATE