



HOUSING CHOICE VOUCHER PROGRAM

**PERSONAL DECLARATION**

**\*\*THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED, AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS OF AGE AND OLDER\*\***

Your eligibility for assistance under the Housing Choice Voucher (HCV) Program is dependent on your and your household's honest and full completion of this form. The Tennessee Housing Development Agency (THDA) is required to use the information you provide in this document to obtain third-party verification of your household's income, assets, allowances/deductions, and household composition to determine your eligibility.

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
*(If Different)*

**PHONE:** \_\_\_\_\_ **OTHER PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** Information regarding ethnicity and race is requested by the Federal Government to monitor the State's compliance with fair housing and civil rights laws. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. **Please use the following to indicate Race: W = White/Caucasian, B = Black/African American, A = Asian, H = Native Hawaiian/Pacific Islander, and I = American Indian/Alaska Native. To add more people, attach an additional sheet.**

List Everyone in Household (Including Self)	Relationship to Head of Household (Co-head, Spouse, Child, Other Adult, etc.)	Social Security Number	Sex (M/F)	Date of Birth	Disabled (Y/N)	Race (See Above)	Ethnicity (Hispanic or Latino) (Y/N)	Marital Status (Married, Single, Widowed, Divorced, Separated)
	<b>HEAD</b>							

**HAS ANYONE IN THE HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY CRIME WITHIN THE PAST THREE YEARS?**  **YES**  **NO**  
**IF YES, WHOM?** \_\_\_\_\_

LIST ANYONE IN THE HOME WHO HAS TURNED EIGHTEEN (18) IN THE PAST TWELVE (12) MONTHS \_\_\_\_\_

**EMPLOYMENT INFORMATION:** Employment includes military, day labor, part-time and temporary or seasonal employment, self-employment, etc.

Employed Household Member	Employer Name, Address, Phone & Fax	Average Hours Worked Per Week	Gross Wages Per Week	Full-time Student (Y/N)

**\*\*ATTACH A COPY OF THE MOST RECENT 4 CHECK STUBS OR PRINT OUT OF RECENT PAY HISTORY FROM YOUR EMPLOYER\*\***

Is any adult in the household self-employed?  Yes  No If yes, please explain \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** List **ALL INCOME** currently or soon to be earned/received by everyone in your household. Income received on behalf of minors **MUST** be reported. IF a household member is employed, he/she must complete the above employment section of this form. IF you don't have enough room here to write down all the income in your household, attach an additional page. Put N/A if your household has no income. **Sources of Income include Social Security Benefits, Self-Employment, Unemployment, Child Support, Alimony, Workman's Compensation, TANF, Food Stamps, Pensions, etc.**

Household Member's Name	Source or Type of Income (See Above)	Monthly Gross Amount	Other information (DHS or Child Support case #, direct child support contact information, etc)
		\$	
		\$	
		\$	

Does anyone outside of your household pay for any of your bills or give you money on a regular basis?  Yes  No If yes, please detail the amount and consistency of money received: \_\_\_\_\_ Name, address, and phone # of person contributing: \_\_\_\_\_

**TOTAL HOUSEHOLD ASSETS:** If no one in your household has any assets, write "NONE" in the lines below. If your combined household assets are more than \$5,000, you must submit verification, dated within the last 60 days, of ALL assets. **Assets include checking and savings accounts, IRAs, CDs, Stocks, Whole Life Insurance Policies, etc.**

Type of Asset (See Above)	Current Value	Current Rate of Interest	Name of Bank or Financial Institution	Account Number(s)
	\$	%		
	\$	%		

Have you sold any property worth more than \$1,000 for less than its Fair Market Value within the last two (2) years?  Yes  No **Example: sold a house, cashed in a CD or Stocks, etc.) If yes, please explain in detail and provide verification \_\_\_\_\_**

**STUDENT INFORMATION:** List all household members currently enrolled in school, **whether part-time or full-time.** Schools include primary, secondary, post-secondary (college or higher education), **whether private or public.** Verification of student income & cost of tuition must be supplied!

Student Name(s)	Name of School, Address, Phone and Fax	Full-time or Part-time	Does the Student receive financial aid, scholarships or grants?	If yes, please explain in detail	1) Amount of annual tuition? 2) Amount of annual financial aid or assistance received? 3) Private School?
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) 2) 3)
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) 2) 3)
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) 2) 3)

**MEDICAL EXPENSES:** For households whose head or spouse is age sixty-two (62) or older, or whose head or spouse is disabled (proof of disability must be on file with the THDA, the THDA can deduct from income medical expenses that are: 1) Anticipated to be paid by anyone in the household in the twelve (12) months following the effective date of the review; 2) Are not paid by an outside source; and 3) Can be verified by third party sources. **Examples of medical expenses include: services of physicians; medical insurance premiums; prescription medicines; dental expenses; eye glasses; hearing aids and batteries; attendant care or periodic medical care; payments on accumulated medical bills. I certify my medical expenses anticipated for the next 12 months are as follows and that I have provided verification:**

Family Member Name	Type of Expense	Monthly Amount
		\$
		\$
		\$

**LIVE-IN AID:** Do you require a live-in aid?  Yes  No Is a live-in aid presently living with you?  Yes  No

**DISABILITY ASSISTANCE EXPENSES:** For families with a disabled family member (not the head or spouse), where the disability has been verified by the THDA, the THDA can deduct from income attendant care and auxiliary apparatus expenses that are: 1) Necessary to enable a family member (including the disabled person) to be employed; 2) Anticipated to be paid in the next 12 months; 3) Not paid or reimbursed by outside sources; and 4) Not paid to a family member. **I certify my disability assistance expenses are as follows and that I have provided verification:** \_\_\_\_\_.

**HOUSEHOLD EXPENSES:** List **ALL** expenses for everyone who will live in the home.

ITEM		MONTHLY PAYMENT	PAID BY WHOM (Name)?	CURRENT OR PAST DUE?	BALANCE
Rent/ Mortgage	<input type="checkbox"/> None	\$			\$
Electricity	<input type="checkbox"/> None	\$			\$
Gas Heat	<input type="checkbox"/> None	\$			\$
Water for Home	<input type="checkbox"/> None	\$			\$
Telephone	<input type="checkbox"/> None	\$			\$
Cell Phone	<input type="checkbox"/> None	\$			\$
Food	<input type="checkbox"/> None	\$			\$
Cable	<input type="checkbox"/> None	\$			\$
Internet	<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	\$			\$
Trash Removal	<input type="checkbox"/> None	\$			\$
Credit Cards	<input type="checkbox"/> None	\$			\$
Other:	<input type="checkbox"/> None	\$			\$
Other:	<input type="checkbox"/> None	\$			\$

Do your current Household expenses exceed your gross monthly income?  Yes  No If yes, please explain who assist you with your monthly household expenses:

**CHILD CARE EXPENSES:** I certify that my child care expenses for the next 12 months are as follows: (list anticipated amounts per month & contact information)

Childcare Provider Name	Address Phone & Fax	Child's Name & Age	Monthly Amount Paid by the Family?	Amount Paid by Someone Else <i>(list name, address phone &amp; fax of person(s) who assist you in paying the childcare expense)</i>
			\$	\$
			\$	\$

**FAMILY SELF SUFFICIENCY:** Are you interested in participating in THDA's Family Self Sufficiency Program? *In this program, THDA will help you to locate the resources you need (education, child care) to secure employment and become self-sufficient.*  Yes  No

**CERTIFICATION**

We, the adult members of the household, do hereby swear, attest, and affirm that all of the above information is true and complete. We understand that all adult household members are responsible for providing true and complete information and for reporting changes in a timely manner and that our failure to provide such information may result in a termination of the household's participation in the Housing Choice Voucher Program and **may be a felony crime as outlined below.**

We understand that we must report, in writing, the following changes, within thirty (30) days of the change, to our local THDA field office:

- Anyone starting to work, full-time or part time;
- Any change in the type or source of income or increase or decrease in income;
- The receipt of any addition to assets; and
- Any change in family composition (persons moving into or out of the home) and that we must request, in writing, approval from the THDA and the landlord *before* any new members move into the household. **Note:** You are required to report any person staying in the unit if they stay with you more than fourteen (14) days annually, whether the days are consecutive or not.

By signing below, all adult members of the household certify the following forms were initially received at the Eligibility Briefing, that all adult household members are responsible for reviewing and complying with each form, and that each form may be viewed on THDA's website at: <http://www.thda.org>.

- Notice of Family Obligations and Grounds for Denial and Termination
- Notice of Portability/Relocation Requirements
- Notice of Minimum Rent Exception
- Fair Housing Information and Discrimination Complaint Form
- Family Self-Sufficiency & Homeownership Program Information
- Violence Against Women Act

**IF YOU HAVE QUESTIONS ABOUT ANY FORM, PLEASE CONTACT YOUR LOCAL THDA FIELD OFFICE.**

\_\_\_\_\_  
SIGNATURE OF HEAD                      DATE      SIGNATURE OTHER ADULT      DATE                      SIGNATURE OTHER ADULT                      DATE

Portions of this document were incomplete. Incomplete areas were completed by phone and initialed at each area completed:

THDA Staff: \_\_\_\_\_ 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 U.S. DEPARTMENT OR AGENCY. 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. CLASS E FELONY**

**REASONABLE ACCOMMODATION:** If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please call 615.815.2165 or email [RArequest@thda.org](mailto:RArequest@thda.org). **REVISED 1/5/18**

