PASADENA COMMUNITY DEVELOPMENT COMMISSION
PERSONAL DECLARATION FOR RENTAL ASSISTANCE BENEFITS

649 NORTH FAIR OAKS AVE. SUITE 202
PASADENA, CA 91103
PHONE (626) 744-8300 – FAX (626) 744-8330

Please complete all sections of this form and ANSWER all questions. **DO NOT leave any questions blank**. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you. **WARNING: "Making false statements on this document is considered fraud and may result in termination from the Section 8 program and/or criminal prosecution."**

Do you need any special accommodations due to your inability to communicate, read or write? ☐ YES ☐ NO. initial____

HEAD OF HOUSEHOLD Person applying

Last Name	First Name	Home Phone Number ( )
Home/Street Address	Apt Number	Cell Phone Number ( )
City	Zip Code	Work/Message Phone Number ( )
Mailing address if not the same as your home address.	Zip Code	Message Phone number

SECTION I - HOUSEHOLD COMPOSITION

A. FAMILY HOUSEHOLD COMPOSITION

- Please list all family members living in your home.
- Listing the Head of Household first followed by spouse/co-head then oldest to youngest household members.

Full Name As appears on Social Security Card	**Age**	**Date of Birth** (month-date-year)	**Relationship to Head of Household**	**Social Security Number**	**Marital Status**
1)		- -	**SELF**	- -	
2)		- -		- -	
3)		- -		- -	
4)		- -		- -	
5)		- -		- -	
6)		- -		- -	
7)		- -		- -	
8)		- -		- -	
9)		- -		- -	

B. SEPARATED/DIVORCED/WIDOWED Please list spouse or ex-spouse information			
Spouse/Ex-spouse Full Name	**Last Known Address if separated or divorced** (If unknown, write city and/or state)	**Divorced? YES/NO**	**Year Separated/Widowed**
1)			
2)			

* If you need additional space, please add an additional page.

C. ABSENT PARENT(S) Please list the name(s) of the parent(s) not living in the assisted unit for any of the children listed on page 1 of this form.			
Child Name(s)	**Absent Parent Name**	**Last Known Address**	**Any contact with absent parent? YES/NO**
1)			
2)			
3)			

D. STUDENT STATUS **Please** list all family members who are attending school part time or full-time for elementary, high school and vocational school. **(Official School Transcripts will be required for all college students.)**					
Student Name	**Part time or Full time Student?**	**School Name and Address**	**Does the student reside out of the assisted unit?**	**Financial Aid Amount**	**Type of Degree**
1)					
2)					
3)					

* List the name, address & telephone of the person who pays the tuition: _____
Indicate the amount paid for tuition by the person identified above: $ _____

SECTION II – HOUSEHOLD INCOME

Please answer each question below. **NOTE: Failure to list all sources of income is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

A. SSI /SSA/ PENSION /OTHER BENEFITS	YES/NO
Do you or any family member(s) receive Social Security/Supplemental Security Income benefits?	
Do you or any family member(s) receive Pension, Veterans, Retirement benefits or Annuity?	
Do you or any family member(s) receive Unemployment benefits or State Disability benefits?	
Do you or any family member(s) receive Short/Long/Permanent Disability benefits?	

If you answered yes to any of the questions listed above, complete the section below:

Name of Household Member	Monthly/weekly amount	Name & address of Agency/Office

B. EMPLOYMENT	YES/NO
Do you or any family member(s) work Full/Part-time, seasonal/occasional or receive Severance Pay or other form of compensation (Workers Compensation, stipend, etc.)	
Do you or any family member(s) receive Cash, Tips or Bonuses?	
Do you or any family member(s) receive Military, Hostile Fire pay or Reserve pay?	

Are you or any family member(s) Self-Employed?	
Do you or any family member(s) work through In-Home Supportive Services (IHSS) or similar type of agency?	
Do you or any family member(s) participate in a Job Training (with/without pay)?	

If you answered yes to any of the questions listed above, complete the section below:

Name of Household Member	Monthly Gross Pay	Name & address of Employer or Name of Business if Self Employment

C. PUBLIC ASSISTANCE BENEFITS — YES/NO

Do you or any family member(s) receive CALWORKS, Cash Aid, GR, CAPI or Food Stamps?	
Do you or any family member(s) receive Adoption, Foster Care, or KIN GAP payments?	
Do you or any family member(s) receive Transportation Reimbursement?	

If you answered yes to any of the questions listed above, complete the section below:

Name of Household Member	Monthly Amount	Type of Benefit

D. CHILD SUPPORT OR ALIMONY BENEFIT(S) — YES/NO

Do you or any family member(s) have an open Child Support case with the District attorney?	
Do you or any family member(s) receive Child Support Payments?	
Do you or any family member(s) receive Child Support /Alimony directly from Absent Parent/Spouse?	
Does the Absent Parent purchase items for child (ren) such as clothing, food, formula, diapers, etc?	

If you answered yes to any of the questions listed above, complete the section below:

Name of Child	Absent Parent/Spouse name and Address	Monthly Amount	Cash Value of Purchases, clothing, food, formula, etc

E. CONTRIBUTIONS — YES/NO

Does anyone outside your household give you money or pay your bills(s) for you?	
Does anyone outside your household buy you supplies such as groceries, etc?	
Does an Organization help you pay a bill or expense? Electric, etc.	

If you answered yes to any of the questions listed above, complete the section below:

Name of Family Member Receiving Support	Name of Person/Agency Providing Support	Address & Telephone Number of Person/Agency Providing Support	Monthly Amount of Support

F. FEDERAL INCOME TAX — YES/NO

If you answer "yes" to any of the following questions, please complete the top section on the next page.	
Did you or any family member(s) file a Federal Income Tax Return in the last 12 months?	
Did you or any family member(s) receive a W-2(s) and /or 1099 or 1098 income form(s) in the last 12 months, but choose NOT to file a Tax Return?	
Were you or any family member(s) claimed as a dependent on someone else's Tax return?	

Name of Household Member	TAX YEAR	Reason Taxes not filed	Name of Person claiming family member as dependent

SECTION III – ASSETS

Please answer each question below. **Failure to list all assets is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION**.

A. ACCOUNT INFORMATION	YES/NO
Do you or any family member(s) have a Savings or Checking Account and /or Direct Deposit?	
Do you or any family member(s) have Stocks, Bonds or Certificate of Deposit (CD)?	
Do you or any family member(s) have a Money Market Fund/Trust fund?	
Do you or any family member(s) have a Retirement, 401K, IRA or Keogh Account?	

If you answer "yes" to any of the following questions, please complete the section below.

Name of Household member	Company/Bank Name & Address	Type of Account	Account Number	BALANCE

B. LIFE INSURANCE	YES/NO
Do you or any family member(s) own an accident, life insurance, burial, or burial plot policy(s)?	

Name of Household member	Company Name & Address	Type of Policy

C. PROPERTY	YES/NO
Does anyone in your household own or have an interest in commercial or residential real estate or mobile home?	
Has anyone in your household sold/disposed any real estate in the last 2 years? (Gift of real estate; foreclosure; or bankruptcy)	

Name of Household member	Type of Asset	Value	DATE ACQUIRED/DISPOSED

D. LUMP SUM INCOME	YES/NO
Did you or any member of your family receive a lump sum of money from any source within the last 12 months?	

Name of Household member	Amount	Date	Source of Lump Sum

SECTION IV – VEHICLES AND CREDIT CARDS

Please answer each question below. If you answer "YES" please fill out information below for the family member(s). **Failure to list all information is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION**

A. VEHICLES BEING USED BY YOUR FAMILY (Attach a separate sheet for additional vehicles)	YES/NO
Do you or any family member have a vehicle(s) registered to him/her?	
Do you or any family member(s) have use of any vehicle(s) that is not registered to him/her?	

What was the vehicle original purchase price?				
Name of Registered Owner	**Make and Model of Vehicle**	**Year**	**License Plate Number**	**Monthly Payment**

B. CREDIT CARD AND LOAN List all credit cards and loans. If you need additional space to answer the question, you, may use another sheet of paper and attach it to this form.				**YES/NO**
Do you or any family member have a Visa, Master Card, Discover, or American Express?				
Do you or any family member(s) have Department Stores, Furniture Stores, and Jewelry Stores accounts?				
Do you or any family member(s) have a Credit Union Loans, Bank Loans, or Personal Loans?				
Name of Household Member	**Creditor/Bank Name**	**Account Balance**	**Delinquent or in Collections?**	**Monthly Payment**

SECTION V – EXPENSES

Please answer each question below. If you answer "YES" please fill out information below for the family member(s) with that expense(s). **Failure to list all information is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION**.

A. CHILD CARE EXPENSES			**YES/NO**
Do you have a minor 12 and under attending childcare?			
Do you pay childcare for a child 12 and under to go to work or to school?			
Do you pay for care of a household member with a disability so you can go to work?			
If yes, is the childcare expense paid for by an agency or by another person outside of your household?			
Name of child or disabled member	**Monthly Child care**	**Child care providers name , address and telephone #**	**Name of Agency if paid by an agency**

B. MEDICAL EXPENSES Disabled Family/Elderly members only.			**YES/NO**
Does any family member(s) anticipate having out of pocket medical expenses in the next 12 months? (Only list expenses which are not covered by your medical insurance or paid by a third party)			
Name of Household Member	**Type of Expense**	**Name & Address of Doctor, Pharmacy, Provider, Insurance Premiums, etc.**	**Monthly Cost**
Does anyone in your family meet the definition of disabled? If yes, please provide the name of family member; name, mailing address & telephone/fax number of doctor/diagnostician.			
Do you or anyone in your family with a disability require a reasonable accommodation? Write yes or no _____. If yes, please request from your assigned Housing Assistant a Request for Reasonable Accommodation form and return the completed form to the PCDC.			

C. HOUSEHOLD EXPENSES • List the MONTHLY average amount ALL family members pay for each of the following. • If the expense does not apply to you write NO or NONE. Do not leave any spaces blank					
Rent	$	Car Payment	$	Loan Payment	$
Gas	$	Gasoline for Car	$	Credit Cards	$
Electricity	$	Car Insurance	$	Life Insurances	$
Water	$	Car Maintenance	$	Medical Bills	$
Trash & Sewer	$	Public Transportation	$	Medical Insurance	$
Cable/Internet	$	Childcare	$	Groceries/Food	$
Telephone	$	Cell Phone	$	Other/Personal Spending	$
TOTAL MONTHLY EXPENSES	$				

SECTION VI – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer "YES" please fill out information below for that family member(s). **Failure to list all information is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION**.

A. HOUSEHOLD INFORMATION	YES/NO
1) Is there a family member(s): with a disability that started a new job or received a raise in the last 12 months?	
If yes please explain:	
2) Is any household member temporarily **absent** from the home? **Away at school or Military service, etc?**	
3) Has any household member been out of the unit for more than **30 consecutive days** in the past 12 months	
4) Does any household member have any **minor children** that do not live in the home?	
If yes please explain:	
5) Are you or anyone in your household currently or ever been on **parole or probation**?	
6) Have you or anyone in your household **ever been cited, arrested, charged or convicted of ANY crime** other than traffic violations (misdemeanor and felony)? **If yes, list in detail, regardless of date of offense:**	
7) Are you or anyone in your household subject to **a sex offender registration** in any state? **If yes, list name of registrant and complete address where currently registered:**	
8) Have you or anyone in your household **ever used** any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration?	
If yes, please give name(s) and/or Social Security number(s):	
9) Have you ever received or lived in **Assisted-Housing**?	
10) Have you or anyone in your household ever **committed fraud** while receiving Federally Assisted Housing or been **required to repay money** for misrepresenting information on such program?	
If yes list date and all details:	
11) Do you wish to add or remove anyone from your household?	

B. CONTACTS	Please list information below for two relatives or friends who generally know how to contact you.		
Name		**Name**	
Relationship		**Relationship**	
Phone Number		**Phone Number**	
Address		**Address**	
City/State/Zip		**City/State/Zip**	

SECTION VII – OTHER INFORMATION

	Yes/No	***Comments***
Do you wish to continue your tenancy at your present unit?		
How much are you paying your owner for rent?		***$***
Are you current with your portion of rent to the owner? If no, how much do you owe?		***$***
Are you receiving a rent reduction? If yes, indicate the reason and the amount:		$
State the utilities that are paid by family (electricity, gas, water, trash collection).		☐ Gas ☐ Electric ☐ Water ☐ Trash
List the name under which the utility bills are under. If the utility bills are not under your name, please indicate the name(s) of the person(s) the bills are under and list the reason the bills are not in your name.		Gas _____ Electric _____ Water _____ Trash _____
List appliances owned by family (stove, refrigerator).		
Do you sub-lease; rent part of your unit to any unauthorized persons?		
Do you rent from any unauthorized family member?		
Are you or any family member related to the property owner? If yes, list relationship.		
Is anyone outside your household using your address as a mailing address? If yes, list the names and home address of the persons using your address.		

SECTION VIII – CERTIFICATION OF THE FAMILY

I/We hereby certify under penalty of perjury under the laws of the State of California that all the information contained in this document is true and correct. **I understand that ALL changes in the income of ANY member of the household must be reported to the Pasadena Community Development Commission (PCDC) within 15 days of occurrence.** Also the PCDC **MUST APPROVE ANY** additional household members. The head of household must request **in writing** to add or to remove any member. Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.

I/We have received, read and understood the statement of the Obligations of The Rental Assistance Program Participant Family. I/We hereby certify that I/we understand my/our obligations/responsibilities to the PCDC and I/we further acknowledge that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

I/We hereby certify that the above referenced statement have been explained and/or translated to me by a reliable source and/or by my housing assistant.

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. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER CALIFORNIA STATE LAW** (Penal Code Sections: 115, 118, 487, 532) and may result in criminal charges including perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses.

Print Head of Household Name	Signature of Head of Household	Date
Print Spouse Name	Signature of Spouse	Date
Print Other Adult in the Household Name	Signature of Other Adult in the Household	Date
Print Other Adult in the Household Name	Signature of Other Adult in the Household	Date
Print Other Adult in the Household	Signature of Other Adult in the Household	Date

****** **<u>If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family</u>**

Name	**Relationship to Family**	**Date**

SECTION IX – AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to 24 C.F.R. parts 750 and 760, I being at least 18 years of age, do hereby authorized any agencies, offices, groups, organizations or business firms to release to the PASADENA COMMUNITY DEVELOPMENT COMMISSION any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs.

The information needed may include verification or inquiries regarding my personal identity, my employment and income, criminal history, assets, allowance or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; State Wage Information Collection Agency (SWICA); educational institutions; past or present employers; Social Security Administration; HUD Office of Inspector General; California Department of Justice; welfare and food stamp agencies; Worker's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Print Head of Household Name	Signature of Head of Household	Date
Print Spouse Name	Signature of Spouse	Date
Print Name of Other Adult in the Household	Signature of Other Adult in the Household	Date
Print Name of Other Adult in the Household	Signature of Other Adult in the Household	Date
Print Name of Other Adult in the Household	Signature of Other Adult in the Household	Date
Print Name of Other Adult in the Household	Signature of Other Adult in the Household	Date

PCDC Certification:

I have reviewed the information provided by the program participant.

Representative's Signature Date

RECEIVED DATE