



**CITY OF PASADENA HOUSING DEPARTMENT
PERSONAL DECLARATION FOR TENANT-BASED
RENTAL ASSISTANCE EVICTION PREVENTION BENEFITS**

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

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 TBRA-EP 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	E-mail Address	
Mailing address if not the same as your home address.	Zip Code	Current Monthly Rent Payment:	

SECTION I - HOUSEHOLD COMPOSITION

A. FAMILY HOUSEHOLD COMPOSITION					
<ul style="list-style-type: none"> 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)		- -		- -	

Regardless of relationship, please indicate the name of your Live-in Aide (if applicable): _____

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/ Divorced
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)			
4)			

D. STUDENT STATUS Please list all family members attending school part-time or full-time.				
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Please list all family members who are attending elementary, middle school, and high school. **(Official school verification must be submitted.)**

Elementary, Middle & High School Student Name	Part time or Full time Student	School Name and City	Tuition	Grade
1)				
2)				
3)				
4)				

List the name, address & telephone of the person who pays the tuition: _____

Indicate the amount paid for tuition by the person identified above: \$ _____

	YES/NO
Does any student listed above attend school outside of the Pasadena Unified School District jurisdiction?	
What is the home address reported to the school?	
Name of the parent(s) or guardian listed with the schools?	

Please list all family members who are attending school part time or full-time at a college, university, trade school, and/or vocational school. **(Official School Transcripts will be required for all college students.)**

College/University/Vocational Student Name	Part-Time or Full-Time	School Name and Address	Does the student reside out of the assisted unit?	Financial Aid Amount	Type of Degree or Grade
1)					
2)					

List date student started College/University/Trade/Vocational School: _____

	YES/NO
Does any student listed above live on campus or off campus housing?	
If yes, list complete address?	
How often does the student return to the assisted unit? _____ per _____	

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 /RETIREMENT 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 Pension or other benefits from another country?	

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 (i.e. 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? If yes, list the names of person whom you or any family member provides care for and number of hours authorized per month: 1. _____ # of hours _____ 3. _____ # of hours _____ 2. _____ # of hours _____ 4. _____ # of hours _____	

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. TRAINING PROGRAM YES/NO

Do you or any family member(s) participate in a Job Training (with/without pay)?	
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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	Date Started	Date Training Will End/Ended

D. 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

E. OTHER BENEFITS	YES/NO
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Do you or any family member(s) receive Unemployment benefits or State Disability benefits?	
Are you or any family member(s) eligible for Unemployment benefits or any other compensation due to your employment schedule (i.e. summer break, winter break, employment less than 12 months, seasonal, etc.)	
Do you or any family member(s) receive Short/Long/Permanent Disability benefits?	
Do you or any family member(s) receive Worker's Compensation?	
Do you or any family member(s) receive any payments from a regional center (i.e. Respite, Restoration, etc.)?	
Do you or any family member receive any type of benefits other than the types mentioned above?	

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

F. CHILD SUPPORT OR ALIMONY BENEFIT(S)	YES/NO
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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 disregard payment?	
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

G. CONTRIBUTIONS/GIFTS	YES/NO
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You must include contributions from other sources which are paid on your behalf for expenses. This includes payments made directly to the sources on your behalf. Contributions do not necessarily need to be in the form of money given directly to you or any other family member.

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, Gas, 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

H. FEDERAL INCOME TAX	YES/NO
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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), 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?	

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

Name of Household Members	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
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If you need additional space to answer the question, you may use page 12.

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?	
Do you or any family member(s) have cash on hand that is held and/or managed by an agency or 3 rd party?	

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

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

B. LIFE INSURANCE	YES/NO
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Do you or any family member(s) own an accident, life insurance, burial, or burial plot policy(s)?	
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If you answered "yes" to any of the questions listed above, complete the section below:

Name of Household member	Company Name & Address	Type of Policy	CASH VALUE

C. PROPERTY	YES/NO
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You must include properties or businesses owned in other countries as well as in the United States.

Does anyone in your household own or have an interest in commercial or residential real estate or mobile home?	
Have you or any family member(s) ever owned any real estate? (i.e. house, condo, etc.)	
Has anyone in your household sold/disposed any real estate in the last 2 years? (Gift of real estate; foreclosure; or bankruptcy)	

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

Name of Household member	Address of Property/Business	Value	DATE ACQUIRED	DATE DISPOSED	HOW WAS THE PROPERTY DISPOSED

D. LUMP SUM INCOME	YES/NO
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Please use Page 12 to explain how the lump sum was used.

Did you or any member of your family receive a lump sum of money from any source within the last 12 months?	
Are you or any member of your family anticipating to receive a lump sum of money from any source in the next 12 months?	
Did you or any member of your family have casino/gambling winnings or lottery winnings?	

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

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 (Please use page 12 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?	

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

Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	Purchase price	Monthly Payment

B. CREDIT CARD AND LOAN List all credit cards and loans. If you need additional space to answer the question, please use page 12 .	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?	
Does any other person outside of the household, pays any of these credit cards or loans? If yes, please list the name, address, and telephone number of the person(s) making the payments.	

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

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?	

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

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 on-going 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 indicate what type of an accommodation you require? If yes, please request from your assigned Housing Assistant a Request for Reasonable Accommodation form and return the completed form to the CoPHD.			

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> List the MONTHLY average amount ALL family members pay for each of the following. If the expense does not apply to you write NO. Do not leave any spaces blank 					
Type of Expenses	Amount Paid	Frequency of Payment	Name Listed on the Account	Name of Person Making the Payment	Balance
Rent	\$				
Gas	\$				
Electricity	\$				
Water	\$				
Trash & Sewer	\$				
Cable/Internet	\$				
Telephone	\$				
Cell Phone	\$				
Car Gasoline	\$				
Car Insurance	\$				
Car Maintenance	\$				
Car Payment	\$				
Public Transportation	\$				
Childcare	\$				
Loan Payment	\$				
Credit Cards	\$				
Life Insurances	\$				
Medical Bills	\$				
Medical Insurance	\$				
Groceries/Food	\$				
Other/Personal Spending	\$				
TOTAL MONTHLY EXPENSES		\$ 			

Please provide a written explanation as to the reason(s) why any of the above mentioned accounts are under a different name other than your name. If the person in which the account is listed under is not part of the household, you must provide the person(s) address and telephone number.

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 (If you need additional space to answer the questions, please use page 12 .	YES/NO
1) Is there a family member(s) with a disability that started a new job in the last 12 months? If yes, please provide name of family member who started new job: _____ Hired date: _____ Name/Address of Employer: _____	
2) Is any household member temporarily absent from the home? (Away at school, military service, foster care, incarceration, hospitalization, etc?) Name(s) of family member(s) temporarily absent: _____ Date when family member left: _____ Anticipated return date: _____ Reason family member(s) is/are absent: _____ Where is the family member currently residing? _____	
3) Has any household member been out of the unit for more than 30 consecutive days in the past 12 months? Name(s) of family member(s) temporarily absent: _____ Date when family member left: _____ Anticipated return date: _____ Reason family member is/was absent: _____ Where is/was the family member residing during the absence? _____	
4) Does any household member have minor children that do not live in the home? Name of minor(s): _____ Reason minor(s) is/are not living with you: _____	
5) 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: Date of Arrest/Conviction: _____ Arrested/Convicted of: _____ Date of Arrest/Conviction: _____ Arrested/Convicted of: _____ Date of Arrest/Conviction: _____ Arrested/Convicted of: _____ Provide name of family member who are arrested, charged or convicted: _____ _____	
6) Are you or anyone in your household currently or ever been on parole or probation ? Name(s) of family member(s) who are or were on parole or probation: _____ Date when parole/probation ended or is anticipated to end: _____	
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):	

A. HOUSEHOLD INFORMATION	YES/NO
10) Do you currently have a Repayment Agreement? If yes, are you current with your payments? _____ Have you been informed of a pending overpayment in rental assistance? _____	
11) Do you wish to add or remove anyone from your household? If yes, provide the following information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ADD **</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>REMOVE</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>Date Moved out: _____</p> </div> </div> <p>**This person is not allowed to move into the unit until Housing Department and landlord have approved this person.</p>	
12) Do you or anyone in your household have a live-in aide? If yes, provide the following information for the live-in aide: Name: _____ Home Address: _____ Telephone Number: _____ Number of care hours care provided per month: _____ Do you pay the live-in aide? _____ If yes, how much do you pay per month? \$ _____ If no, provide name, address, and telephone number of the person or agency that pays for the care provided to you: _____ Has there been a change in live-in aide the last 12 months? Yes _____ No _____ If yes, please indicate date the previous live-in aide moved out: _____ If yes, please indicate when the new live-in aide moved in: _____	
13) Do you or anyone in your household have a care provider? If yes, indicate the number of care providers providing care: _____ If yes, provide the following information pertaining to the care provider(s): Name of family member receiving care: _____ Name of provider(s): _____ Home Address: _____ Telephone Number: _____ No. of care hours provided per month: _____ Do you pay the care provider/attendant? _____ If no, how is the care provider paid? _____ If yes, how much do you pay per month? \$ _____ \$ _____ Method of payment: _____	
Use last page for additional space	

I. ANTICIPATED CHANGES	YES/NO
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You must indicate any changes anticipated to occur to your household circumstances.

Do you or any family member(s) anticipate a change in your household income in the next 12 months?	
Do you or any family member(s) anticipate a change in your household composition in the next 12 months?	

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

Name of Family Member who is going to have the change	Briefly Explain What Type of Change(s)	Effective Date of Change

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?		
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 (check the boxes that apply).		<input type="checkbox"/> Gas <input type="checkbox"/> Trash <input type="checkbox"/> Electric <input type="checkbox"/> Water
List appliances owned by family (stove, refrigerator) (check the boxes that apply). For Stove, please indicate if it is a gas or electric stove: Is it <input type="checkbox"/> Gas <input type="checkbox"/> Electric		<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator
Does the unit have an air conditioner?		<input type="checkbox"/> Central <input type="checkbox"/> Wall <input type="checkbox"/> Window
Indicate where the water heater is located: <input type="checkbox"/> Inside unit <input type="checkbox"/> Outside Unit If the water heater is outside, is it one for the whole building? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Do you sub-lease; rent part of your unit to any unauthorized persons?		
Are you or any family member related to the property owner (i.e. parent, child, grandparent, uncle, aunt or through marriage)? 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 and reason why.		
Do you currently use the assisted unit for business activities regardless whether or not you receive compensation? If yes, describe the type of activities:		

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 City of Pasadena Housing Department (CoPHD) within 15 days of occurrence.** Also the CoPHD **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 TBRA-EP Program Participant Family. I/We hereby certify that I/we understand my/our obligations/responsibilities to the CoPHD 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

**** Please provide the name of the person who completed this form or assisted you in completing this form.**

Name	Relationship to Family	Date
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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 HOUSING AUTHORITY any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Tenant-Based Rental Assistance Eviction Prevention Program.

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

CoPHD Certification:

I have reviewed the information provided by the program participant.

Representative's Signature _____ Date _____

RECEIVED DATE

