



ENCINITAS HOUSING AUTHORITY

PERSONAL DECLARATION AND RECERTIFICATION FOR SECTION 8 ASSISTANCE

Participant Name: _____ Home Phone No: _____
 Current Address: _____ Cell Phone No: _____
 _____ Email: _____

List names, addresses and phone numbers of two relatives/friends who generally know how to contact you:

1. Name: _____ Relationship: _____ Address: _____ Phone: _____
 2. Name: _____ Relationship: _____ Address: _____ Phone: _____

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States.

HOUSEHOLD COMPOSITION: List YOURSELF and ALL persons living/staying in your home.

ADULTS (18 years or older, Legal Name)	BIRTH DATE	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH
			SELF		

CHILDREN (Name as it appears on Social Security card)	BIRTH DATE	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SCHOOL NAME

INCOME SOURCES: Enter the monthly GROSS amount or "NONE" for each item.

TYPE OF INCOME	HEAD OF HOUSEHOLD	OTHER ADULT	NAME & ADDRESS OF INCOME SOURCE
WAGES/EMPLOYMENT			
UNEMPLOYMENT/ WORKMAN'S COMP.			
SOCIAL SECURITY/S.S.I.			
PENSION/RETIREMENT			
CHILD SUPPORT/ALIMONY			
CAL WORKS/CASH AID/ GENERAL RELIEF			
ANNUITIES/DIVIDENDS			
EDUCATIONAL GRANTS			
VETERAN'S BENEFITS			
OTHER INCOME (SPECIFY SOURCE)			

1. Does any household member, 18 years of age or older, attend a learning institution full-time? Yes No
 If yes, please give NAME of household member and SCHOOL:

2. Have you or any member of your household ever been arrested for any drug related criminal or violent activity? Yes No
 If yes, please give dates, charges, city and state:

BANK ACCOUNTS/ASSETS INFORMATION: List all checking and savings accounts (including Certificates of Deposit, IRAs, and 401K Accounts) of all household members INCLUDING AMOUNTS DISPOSED OF DURING THE PAST TWO YEARS:

NAME ON ACCOUNT	BANK NAME & ADDRESS	ACCOUNT NO.	ACCT. TYPE	BALANCE

1. List value of all stocks, bonds, trust, pension contributions, life insurance policies or other assets: _____

2. Do you own a home, mobile home or other real estate? Yes No. If yes, please give address and any income received from rental property:

3. Have you sold, disposed of, transferred title or given away real property or other assets in the past two years?

Yes No. If yes, what is the current market value of the asset?

CHILD CARE EXPENSES

Do you pay childcare for child(ren) 12 years old or younger which enables you or another family member to work or go to school? Yes No. If yes, fill out below.

Such care enables a family member to work or go to school.

Family Member's name: _____ Occupation/School: _____

Childcare costs are paid to: _____ Address: _____

Phone: _____ Amount of childcare paid \$ _____ per week; month; other: _____

Is reimbursement received for childcare costs from any agency or individual outside of the household?

Yes No

DISABLED/HANDICAPPED HOUSEHOLDS

Do you pay for a care attendant or for any equipment necessary to permit the disabled person or someone else in the family to work? Yes No. If yes, describe expenses: _____

ELDERLY (62 YEARS OF AGE OR OLDER) OR S.S.I. RECEIPTS

Do you expect to have any recurring out-of-pocket medical expenses during the next twelve months?

Yes No. If yes, you must provide a statement outlining the estimated expenses, and attach supportive documentation (receipts, pharmacy print-outs, etc.)

I/We certify that the information given to the City of Encinitas Housing Authority on household composition, income, net family assets, allowances and deductions are true and complete. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing immediately.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

NOTE TO ALL APPLICANTS: The Encinitas Housing Authority is committed to providing equal housing opportunity for all people regardless of race, color, age, ancestry or national origin, religion, sex, disability, familial status or any other protected class under Federal and State Law. If you believe you have been a victim of discrimination, or have any questions about fair housing, please contact Legal Aid Society of San Diego at (844) 449-3500. You may also contact the U.S. Department of Housing and Urban Development's Fair Housing hotline at (800) 669-9777.