

VERMILLION HOUSING AUTHORITY

25 CENTER ST. * PO BOX 362

VERMILLION, SD 57069

PH: 605.677.7191 * FAX: 605.677.7192 * EMAIL: vermillionhousing@yahoo.com

SELF DECLARATION FORM

Instructions for completing this form: Complete this form **IN BLUE OR BLACK INK ONLY**. Complete all blanks. All adult members in the household must sign this declaration to certify accuracy of the information reported.

1. Household Composition: Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card. Please include all aliases and any maiden names currently used or previously used.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race	Ethnicity*	Disability? (Yes/No)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mailing Address: _____
(Street Address and Apartment, or PO Box)

(City) (State) (Zip)

Telephone: _____ Message Phone: _____

Email Address: _____

2. Household Information: Answer all questions about your household.

a. Students: List all household members who are attending school or college:

Student Name	School Name	Full or Part Time?	Financial Aid?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Other Household Information: Please answer the following questions. IF you need more space please use additional sheet:

Is there any member of the household who is not temporarily or permanently absent from the home?..... Yes No
 If yes, please explain: _____

Do you have any regular overnight guests, or someone who spends more than 2 nights per month? Yes No
 If yes, please list guests' names and explain: _____

Has any member of the household been convicted of any crime? Yes No
 Is yes, please explain: _____

Are you, or any household member, subject to a State lifetime sex offender registration program in any state? Yes No
 If yes, please list any and all states registered: _____

Has any member of the household had a change in citizenship or immigration status? Yes No
 If yes, please explain: _____

3. Household Income and Assets: Include all income and assets received or held by all members of the household.

Note: Provide the complete mailing address for employers:

a. Employment Income: If you need to list more than 2 employers, please use an additional sheet.

Family Member:	Name of Employer:	Telephone:	
Complete Employer Address:	Gross Income:	<input type="checkbox"/> Per hour <input type="checkbox"/> Per week <input type="checkbox"/> Per month	Hours per week:
Family Member:	Name of Employer:	Telephone:	
Complete Employer Address:	Gross Income:	<input type="checkbox"/> Per hour <input type="checkbox"/> Per week <input type="checkbox"/> Per month	Hours per week:

b. Other Types of Household Income: Fill in ALL blanks. If the information does not apply, write "none".

Social Security (Self)	\$ _____ per month	TANF (Cash Assistance)	\$ _____ per month
Social Security (Other)	\$ _____ per month	Food Stamps	\$ _____ per month
SSI	\$ _____ per month	Unemployment	\$ _____ per month
VA Pension	\$ _____ per month	Educational Grant	\$ _____ per month
Other Pension From: _____	\$ _____ per month	Self-Employment	\$ _____ per month
Child Support <input type="checkbox"/> Through the state of South Dakota <input type="checkbox"/> Through the state of _____ <input type="checkbox"/> Paid directly by: _____	\$ _____ per month	Other _____	\$ _____ per month

c. Assets

List all bank accounts held by any member of the household. (If you need to list more than three accounts, please use an additional sheet):

Family Member	Current Balance	Type of Account	Bank Name	Anticipated Income from Asset

d. Other Income and Assets

Does any agency or person outside of your household regularly help you with household expenses or supplies?..... Yes No
If yes, please explain:

Is your name listed as owner or co-owner on **any vehicle registration**?..... Yes No
If yes, please explain:

Does any member of the household have a life insurance policy with a cash value (usually called "whole life")?..... Yes No
If yes, please explain:

Full Name/Address of Insurance Company: _____

Does any household member have any of the following (check those that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Trusts | <input type="checkbox"/> Stocks, Bonds, or Annuities |
| <input type="checkbox"/> IRA/KEOGH Account | <input type="checkbox"/> Company Retirement Account | <input type="checkbox"/> None |

4. Household Expense

Do you have child care costs for minor children in the household?..... Yes No

Monthly Amount: \$ _____

If yes, please list the full name and mailing address of your child care provider:

Do you receive financial assistance with your child care costs from the State?..... Yes No

Monthly Amount: \$ _____

5. Disposal of Assets HUD requires Public Housing Agencies to verify whether recipients of rental assistance have disposed of any assets within the past 24 months. "Dispose" means to get rid of, sell, or give away. Assets include, but are not limited to: stocks, bonds, savings certificates, money market funds, equity in real property or other capital investments, cash value of trust accounts, IRAs, Keogh accounts, contributions to company retirement or pension funds, lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, personal property held for investment such as gems, jewelry, coin collections, cars, cash value life insurance policies, etc.

In the past 24 months (2 years), have you or any member of your household disposed of any assets for less than their market value?

Yes, I/we have disposed of asset(s)

No, I/we have not disposed of any asset(s)

If you have disposed of any asset(s), please complete the following:

1. What was the asset? _____
2. What is the date the asset was disposed of? _____
3. What was the value of the asset at the time it was disposed of? _____
4. List the actual amount received for the asset: _____

6. Certification: All adult members in the household must sign this declaration to certify accuracy of the information reported.

Giving True and Complete Information: I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions is accurate and complete to the best of my knowledge.

Reporting Changes in Income or Household Composition: I know I am required to report within 10 days in writing any changes in income and household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me.

No Duplicate Residence or Assistance: I certify that the dwelling unit will be my principal residence and I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Vermillion Housing Authority in writing. I will not sub-lease my assisted residence.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays or termination of assistance.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

By my signature below, I do hereby swear and attest that all of the information reported on this form about me and my household is true and correct, and I have read and agreed to the certifications contained in this form. I also understand that all changes in household members or income must be reported to the Vermillion Housing Authority in writing, immediately.

Head of Household Signature _____

Date _____

Signature of Spouse or Other Adult _____

Date _____

Other Adult Signature _____

Date _____

Other Adult Signature _____

Date _____

Other Adult Signature _____

Date _____

Statement of Family Obligations

Under the Section 8 Voucher Program offered by Vermillion Housing Authority, participating families must meet the Family Obligations in order to continue participating in the program. Violation of any obligation may result in termination of assistance. The Family Obligations are:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standard (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.
- The family must comply with lease requirements regarding written notice to vacate to the owner. The family must provide written notice to the PHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- The family must not own or have any interest in the unit.
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive Housing Choice Voucher (HCV) program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member or person with disabilities.

Per my signature below, I have read and understand the Family Obligations. Please sign below:

Signature of Head of Household	Printed Name	Date
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Signature of Head of Household	Printed Name	Date
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AUTHORIZATION TO RELEASE & SHARE INFORMATION

PURPOSE: Vermillion Housing Authority(VHA) uses this authorization and the information obtained with it to administer its Housing Program.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION: Any individual or organization including any governmental organization, but not limited to, may be asked to release information, i.e.:

- Banks and Other Financial Institutions
- Law Enforcement Agencies, Courts Criminal Background Checks
- Credit Bureaus
- Past and Present Landlords
- Schools and Colleges
- Utility Companies
- State Agencies such as Child Welfare, Transportation, Employment Division
- Social Service Agencies
- Providers of Alimony, Child Care, Child Support, Credit, Handicapped Assistance
- Medical Care, Pensions/Annuities
- Medical Prescriptions
- Social Security Administration
- U.S. Department of Veteran Affairs
- Credit History, Financial Concerns, Criminal Activity, Legal Issues, Child Welfare Issues
- Family Composition and Child Care Expenses
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Status of Disability
- Legal Identity
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Other: _____

AUTHORIZATION:

- I authorize for a period of 15 months from the date below to release & share any information (including documentation and other materials) pertinent to eligibility for or participation in the Housing Choice Voucher Program.

- I agree that photocopies of this authorization may be used for the purposes stated above.
If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax, mail, or email information to: **Vermillion Housing Authority at: 25 Center St., Vermillion, SD 57069 Phone: 605.677.7191 Fax: 605.677.7192 Email: vermillionhousing@yahoo.com**

- I agree to provide an assigned Social Security number (or a Certification that no number has been assigned) for each household member.

Head of Household Signature Date

Social Security Number

Head of Household Signature Date

Social Security Number

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Head of Household Signature Date

Social Security Number