



**Housing Choice Voucher Program**  
**PERSONAL DECLARATION**  
*for Annual Recertification & Other Change of Unit Transactions*

This form must be completed IN YOUR OWN HANDWRITING. **PLEASE PRINT AND USE AN INK PEN.**

It is very important that you **ANSWER ALL QUESTIONS** and provide information that is correct and complete. **Please remember that as the head of household, you (and your spouse) are responsible for providing true and complete information for everyone living in the home.** The head of the household and/or spouse must sign below certifying that the information is true and complete for everyone living in the home. You should discuss the questions with other adult household members as you complete the form to be sure that you are providing true and complete information for every household member.

An agency representative will review and discuss your responses at the recertification appointment. You may also contact your rental assistance specialist with any questions as you complete the form.

**I. CONTACT INFORMATION**

1. ADDRESS WHERE YOU LIVE: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)
2. ADDRESS WHERE YOU RECEIVE YOUR MAIL \_\_\_\_\_  
(If different from current address) (Street Address/PO BOX) (City) (State) (Zip Code)
3. Head of Family's *current* daytime phone number: ( ) \_\_\_\_\_ Cell phone number: ( ) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_. In the event we are unable to reach you, please list *another number* where you may be reached during the day, such as the number of a relative: ( ) \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION**

1. List all adults who will be living in the home, with the head of household first.

ADULTS Living in the Home (Name as it appears on the Social Security Card)	U.S. CITIZEN (Y or N)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD (i.e. son, daughter, niece)	SOCIAL SECURITY NUMBER
1.			HEAD	
2.				
3.				
4.				
5.				

2. List all children who will be living in the home.

CHILDREN living in the Home (Name as it appears on SS CARD)	U.S. CITIZEN (Y or N)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

3. Does anyone, other than an adult who will live in the home, share custody of any of the children listed?  YES  NO  
 If Yes, list the name of the person with shared custody and the time the child spends with the other adult (25%, 50%): \_\_\_\_\_

4. Are any of the children listed above not birth or adopted children of an adult residing in the household?  YES  NO.  
 If YES, WHO: \_\_\_\_\_,  
 and does an adult residing in the household have legal custody of the child/ren?  YES  NO

5. Are any of the children listed above foster children?  YES  NO. If YES, WHO: \_\_\_\_\_
6. Are any of the adults listed above foster adults?  YES  NO. If YES, WHO: \_\_\_\_\_
7. Does anyone who will live in the home receive payments for the care of foster or adopted children?  YES  NO  
If YES, WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_
8. Does anyone who will live in the home receive income from a State agency for the care of a disabled child or receive foster care payments for the care of a disabled adult living in the home?  YES  NO  
If YES, WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_
9. Is anyone who will reside in the home currently **pregnant**?  YES  NO. If yes, WHO: \_\_\_\_\_
10. Is any adult who will reside in the home currently **married**?  YES  NO. If yes, WHO: \_\_\_\_\_
11. Is any adult who will reside in the home **divorced**?  YES  NO. If yes, WHO? \_\_\_\_\_

12. If **separated or divorced**, list name and address of spouse/ex-spouse as follows:

NAME	NAME
ADDRESS, CITY, STATE, ZIP	ADDRESS, CITY, STATE, ZIP

If separated, are you legally separated?  YES  NO.

10. Are there any persons who may live in the home in the next 12 months that are not there now?  YES  NO.  
If Yes, list the person's name; the reason for their absence; and date he/she plans to return to the home:

11. Has anyone who will live in the home ever used any name(s) or Social Security Number(s) other than the one currently being used?  YES  NO. If YES, explain: \_\_\_\_\_

**III. GENERAL EXPENSES (BILLS). List all household expenses.**

ITEM		MONTHLY PAYMENT	PAID BY WHOM?	CURRENT OR PAST DUE?	BALANCE
Rent/ Mortgage	<input type="checkbox"/> None	\$			\$
Electricity	<input type="checkbox"/> None	\$			\$
Gas Heat for Home	<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	\$			\$
Credit Cards	<input type="checkbox"/> None	\$			\$
Other:	<input type="checkbox"/> None	\$			\$
		\$			\$
Other:	<input type="checkbox"/> None	\$			\$
		\$			\$

**IV. CHILD CARE EXPENSES** Check here  if you do not have Child Care Expenses; go to next section.

1. Does anyone who will live in the home pay for childcare or daycare for a child or children under the age of 13 (daycare)?  
 Yes  No If yes, who? \_\_\_\_\_

2. The child(ren) is / are being cared for to allow \_\_\_\_\_ to:  
(name of family member(s))

Check all that apply:  Work full time  Work part time  Look for employment  
 Go to school full time  Go to school part time

3. Amount paid by the family is: \$ \_\_\_\_\_ per week OR \$ \_\_\_\_\_ per month

4. Amount paid by someone else: \$ \_\_\_\_\_ per week OR \$ \_\_\_\_\_ per month

5. Enter the name of the **person(s) or place** who takes care of your child(ren):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

6. If all or any part of your childcare costs are being **paid by someone else or another agency (such as DHS)**, please provide the:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number (if any): \_\_\_\_\_

**V. MEDICAL/HEALTH CARE EXPENSES**

Check here  if the **head, spouse or co-head** is not at least 62 years old OR disabled, and go to next section.

1. Does anyone who will live in the home have **medical expenses** that are not reimbursed through another source?

YES  NO.

*Medical expenses include the following: hospital bills, medicines/prescriptions, transportation costs (cab fare, gas for car) going to and from medical treatment, medical equipment such as dialysis or oxygen machines.*

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

\*Note: The expenses must be verified; in other words, you must be able to provide proof of the expense, and the expense must be paid by a member of the household. The expense may not be claimed if it is covered by insurance.

2. Does anyone who will live in the home pay a **monthly premium for health insurance** (private or Medicare)?

YES  NO. If Yes, WHO: \_\_\_\_\_; Monthly Premium(s): \$ \_\_\_\_\_

Who Pays Premium: \_\_\_\_\_ Name of Insurance Company: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

**VI. DISABILITY ASSISTANCE EXPENSES**

1. **Is anyone who will live in the home disabled?**  YES  NO. If NO, go to next section.

If yes, who (list all names): \_\_\_\_\_

NOTE: If the disabled family member does not receive SSI or Social Security Disability benefits, a verification form, completed by a physician, will be required. Enter the name, address and telephone number of a physician who may verify the disability: \_\_\_\_\_

2. Is a **live-in care provider** essential to the care and well being of any disabled person who will live in the home?

Yes  No If yes, enter the name, address and telephone number of a physician who may verify this need:

\_\_\_\_\_  
Name and current address of the person who will serve as your live-in care provider, if you know who that person will be:

3. Do you pay a **care attendant** (day care or live-in aide) for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work?  Yes  No If yes, please provide the:

YES  NO. If Yes, WHO: \_\_\_\_\_;

Name of Family Member who is enabled to work or attend school: \_\_\_\_\_;

Name/Address of Person who provides services: \_\_\_\_\_;

Monthly Cost to you for care attendant's services \$ \_\_\_\_\_

4. Do you pay for any **equipment** for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work?  Yes  No. If YES, please list the type of special equipment needed (wheelchair, vehicle adaptor, etc.): \_\_\_\_\_

Name of family member who will be able to work: \_\_\_\_\_

Out-of-pocket cost of the special equipment: \$ \_\_\_\_\_ per \_\_\_\_\_

Out-of-pocket cost of maintaining the special equipment: \$ \_\_\_\_\_ per \_\_\_\_\_

**VII. HOUSEHOLD INCOME-- ALL QUESTIONS MUST BE ANSWERED FOR EVERYONE WHO WILL BE LIVING IN THE HOME.** Please be aware that THDA will independently verify all income sources, and has access to information from the Department of Human Services (DHS), HUD's Enterprise Income Verification System (Social Security, Employment and Unemployment Income), and the State Wage Collection Agency records. ***It is important that you completely and honestly declare ALL household income received by EVERY household member, or you may owe a debt to THDA and/or lose your rental assistance.***

**EMPLOYMENT RELATED INCOME**

1. Is anyone in the home currently employed?  YES  NO. Date employment began: \_\_\_\_\_  
 If YES, please complete the following information for each person and each job. If someone works more than one job, we need the information for all jobs worked. Employment includes military, day labor and temporary employment.

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Wages (Monthly): \$ \_\_\_\_\_

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Wages (Monthly): \$ \_\_\_\_\_

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Average # of Hours Worked each Week: \_\_\_\_\_  
 Wages (Monthly): \$ \_\_\_\_\_

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Average # of Hours Worked each Week: \_\_\_\_\_  
 Wages (Monthly): \$ \_\_\_\_\_

2. Is anyone who will live in the home **self-employed or do they own their own business** (such as a daycare, hair or nail care, or landscaping):  YES  NO

If YES, WHO: \_\_\_\_\_ and Monthly Income from business: \$ \_\_\_\_\_

3. Is anyone who will live in the home receiving **Workman's Compensation**?  YES  NO

If YES, WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_

4. Is anyone who will live in the home receiving **Unemployment** compensation?  YES  NO

If YES, WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_

**FAMILIES FIRST (TANF)- formerly AFDC**

1. Is anyone who will live in the home a participant in the Families First (welfare/TANF) program?

YES  NO.

If YES, do they receive cash assistance each month?  YES  NO. Monthly Amount: \$ \_\_\_\_\_

2. Has anyone who will live in the home received a **reduction** or sanction in their Families First (TANF)?

YES  NO. If YES, WHO: \_\_\_\_\_ Amount of Reduction: \$ \_\_\_\_\_

3. Is anyone who will live in the home receiving **food stamps**?  YES  NO. Monthly Amount \$ \_\_\_\_\_

**CHILD SUPPORT/ALIMONY**  Check if no one receives child support or alimony and go to next section.

1. Is anyone in the home receiving **alimony**:  YES  NO

WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_

2. Does anyone in the home have a court order for child support (through a Divorce Decree or Order of Support)

Yes  No **NOTE: A copy of the Divorce Decree or Order of Support must be provided to THDA**

3. The following must be completed for each person in the home who receives **child support**:

Name of person receiving child support	Name of child for whom child support is being paid	Name of person providing child support	Amount received	Frequency of payment (weekly or monthly)
			\$	
			\$	
			\$	
			\$	

4. Is the child support received through the Department of Human Services:  YES  NO  
 If YES, list your case member id # \_\_\_\_\_;

5. Is the child support received directly from the absent parent or another source (such as another relative or another state), do they receive the payments directly from the absent parent of the child?  Yes  No

If yes, list the name, address and phone number of the absent parent or the contact information from the other source

**SOCIAL SECURITY/DISABILITY/VETERAN INCOME**

Check if no one receives Social Security, SSI, SSDI or Veteran's benefits and go to next section.

1. Does anyone in the home receive **Social Security** Income?  YES  NO. If yes, list all persons who receive social Security & the amount received by each person: \_\_\_\_\_

2. Does any disabled household member receive **Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)** or any other type of disability income?  YES  NO. If YES, list all persons who receive SSI or SSDI: \_\_\_\_\_

3. Is anyone who will live in the home **disabled and employed** (includes job training or workshops)?  YES  NO  
 If YES, what date did they become employed? \_\_\_\_\_

4. Is anyone who will live in the home receiving **Social Security** benefits for retirement, widower, or death benefits?  
 YES  NO. If YES, list all persons \_\_\_\_\_

5. Is anyone who will live in the home receiving **Veteran's** benefits?  YES  NO  
 If YES, WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_

6. Is anyone who will live in the home receiving income from any type of **pension**?  YES  NO  
 If YES, WHO: \_\_\_\_\_; Monthly Amount: \$ \_\_\_\_\_

**CASH, FAMILY SUPPORT OR OTHER SOURCES OF INCOME**

1. Does anyone outside of the persons who will live in the home pay **your bills or give you money**?  YES  NO  
 If YES, WHO (name,address and phone no.) \_\_\_\_\_

For What: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_; How Often Received: \_\_\_\_\_

IN THE PAST YEAR, HAVE YOU HAD ANY SOURCES OF INCOME NOT LISTED ABOVE?  Yes  No  
 If YES, please state the source and amount of the income.

Did anyone in the household file an income tax return last year?  Yes  No  
 If yes, which household member(s): \_\_\_\_\_

**VIII. ASSETS. List all assets of every person who will live in the home.**

1. Does anyone who will live in the home have a **checking account**?  YES  NO  
 If YES, please complete and have a copy of the last 3 monthly checking statements ready to submit with this form.

Family Member Name	Bank Name	Account #	Current Balance	Average Balance for past 6 months
			\$	\$
			\$	\$
			\$	\$
			\$	\$

2. Does anyone who will live in the home have a **savings account**?  YES  NO. If YES, please complete and have a copy of the most recent monthly savings account statement ready to submit with this form.

Family Member Name	Bank Name	Account #	Current Balance
			\$
			\$
			\$

3. Does anyone who will live in the home have any **stocks or bonds** (such as savings)?  YES  NO  
 If YES, WHERE (name of institutions): \_\_\_\_\_  
 Account # (s): \_\_\_\_\_ Values \$ \_\_\_\_\_ \$ \_\_\_\_\_
4. Does anyone who will live in the home have any **Certificates of Deposit (CD's), Treasury Notes, etc.**?  YES  NO  
 If YES, WHERE (name of institutions)? \_\_\_\_\_  
 Account # (s): \_\_\_\_\_  
 Values \$ \_\_\_\_\_
5. Does anyone who will live in the home have a **401 K, retirement account or pension**?  YES  NO  
 If YES, WHO: \_\_\_\_\_; WHERE: \_\_\_\_\_  
 Current balance of the account(s): \$ \_\_\_\_\_
6. Does anyone who will live in the home have a **whole life insurance** policy?  YES  NO.  
 If Yes, WHO: \_\_\_\_\_; What is the value: \$ \_\_\_\_\_  
 Monthly Premium: \$ \_\_\_\_\_; Name of Provider: \_\_\_\_\_
7. Does anyone who will live in the home have a **term life insurance** policy?  YES  NO  
 Monthly Premium: \$ \_\_\_\_\_
8. Has anyone who will live in the home received a **lump sum social security payment, workman's compensation or other insurance settlement**?  YES  NO  
 If Yes, WHO: \_\_\_\_\_; Date received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
9. Has anyone who will live in the home received income from a **lottery or inheritance**?  YES  NO  
 If Yes, WHO: \_\_\_\_\_; Date received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
10. Does anyone in the household **own or have any interest in any land**, property, houses, mobile homes, lots, acreage, or other real property?  YES  NO If YES, describe? \_\_\_\_\_  
 If YES, are you receiving income (such as rent) from the property?  YES  NO. Monthly amount: \$ \_\_\_\_\_
11. Does anyone in the household hold any **promissory notes** from selling property?  YES  NO  
 If YES, describe \_\_\_\_\_
12. Has anyone in the household **sold or given away any real property or any other asset** within the last two years?  
 YES  NO If YES, what? \_\_\_\_\_  
 Was it sold or given away? \_\_\_\_\_ To Whom? \_\_\_\_\_  
 Fair Market Value? \$ \_\_\_\_\_ Amount received, if sold? \$ \_\_\_\_\_
13. Does anyone in the household have **cash at home** or in a safety box?  YES  NO  
 If YES, who? \_\_\_\_\_ How Much?: \$ \_\_\_\_\_
14. Does anyone in the household have any **other assets**?  YES  NO  
 If YES, what? \_\_\_\_\_
15. Does anyone in the household own a **car**?  YES  NO  
 For all vehicles, enter Model / Year: \_\_\_\_\_ Tag #(s): \_\_\_\_\_

## IX. STUDENT STATUS

1. Is any child who will live in the home enrolled in school K-12 (not daycare)?  YES  NO **If NO, go the next section**  
 If **Yes**, complete the information below:
- |                                |                                |
|--------------------------------|--------------------------------|
| <b>Child(rens) name:</b> _____ | <b>Child(rens) Name:</b> _____ |
| School: _____                  | School: _____                  |
| Address, City, State: _____    | Address, City, State: _____    |
| <b>Child(rens) name:</b> _____ | <b>Child(rens) Name:</b> _____ |
| School: _____                  | School: _____                  |
| Address, City, State: _____    | Address, City, State: _____    |
2. Is any adult (over 18) who will live in the home a full time student?  
 If so, list name, address, and phone of school: \_\_\_\_\_

Is the school an institution of higher education?  Yes  No  Don't Know.  
 Does the student receive financial aid from the institution?  Yes  No.  
 Does the student receive financial assistance from other sources, such as a relative?  Yes  No  
 Amount of financial aid/assistance received: \$ \_\_\_\_\_; Amount of Tuition \$ \_\_\_\_\_  
 Name and Address of institution and/or person providing financial aid: \_\_\_\_\_  
 \_\_\_\_\_

**X. CRIMINAL BACKGROUND INFORMATION**

1. Has any adult who will live in the home been **arrested for any type of crime (misdemeanor or felony)** in the past year?  YES  NO. If YES, WHO \_\_\_\_\_ Date of arrest \_\_\_\_\_  
Criminal charge: \_\_\_\_\_ City/State where arrest took place \_\_\_\_\_
2. Has any adult who will live in the home been **convicted of any type of crime (misdemeanor or felony)** in the past year?  YES  NO. If YES, WHO: \_\_\_\_\_ Date of arrest \_\_\_\_\_  
Criminal charge: \_\_\_\_\_ City/State where arrest took place \_\_\_\_\_
3. Is anyone who will live in the home subject to a lifetime registration requirement under a **State sex offender program**?  
 YES  NO, If YES, Who? \_\_\_\_\_ Where? \_\_\_\_\_  
Date of Conviction? \_\_\_\_\_
4. Has **anyone (including a guest or other individual) been arrested in your home** in the past twelve months for a crime?  YES  NO. If YES, list name of individual, criminal charge & date of arrest  
\_\_\_\_\_

**XI. SPECIAL NEEDS/ACCOMMODATION**

Is anyone in the household a person with disabilities who requires a specific accommodation in order to fully utilize the programs and services offered by THDA?  YES  NO. If yes, please state the accommodation requested:  
\_\_\_\_\_

**CERTIFICATION**

**I, hereby, swear and attest that all of the above information is true and complete. I understand that as the head of household, I am responsible for providing true and complete information for every person who lives in the home. I also understand that as the head of the household, my rental assistance may be terminated for failing to supply true and complete information for the entire household.**

**I understand that I must report, in writing, to the Section 8 office the following changes within 14 days of the change: any change in family composition, anyone starting to work (full or part time), any change in the type or source of income for anyone living in the home, receipt of any addition to assets for anyone living in the home.**

**I also understand that I must request, in writing, approval from THDA and my landlord *before* any new members may be added to the household.**

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE or CO-HEAD (if applicable)

\_\_\_\_\_  
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. A VIOLATION OF THIS SECTION IS A CLASS E FELONY.***

**THDA Agency Use Only:**

\_\_\_\_\_  
Name of THDA Representative who reviewed the form with client

\_\_\_\_\_  
Date the form was reviewed with client

Additional information from interview:  
\_\_\_\_\_  
\_\_\_\_\_