F: (760) 344-9/12 1690 West Adams Ave. – El Centro – CA 92243 P: (760) 337-7500 F: (760) 337-1585 www.ivha.org



PERSONAL DECLARATION

Name:		Application #:		
Home Phone:		Cell phone primary:		
Cell phone secondary:		Email:		
WARNING: MAKING FALSE STATE AND MAY RESULT IN TERMINATION				
PLEASE PRINT & WRITE LEGIBLY. Y YOUR HOUSEHOLD. ALL ADULT ME CERTIFYING THAT THIS INFORMAT BELOW THE LAST MEMBER OF THE	EMBERS OF THE ION PERTAININ	HOUSEHOLD MUS' G TO THEM IS TRUI	T SIGN ON THE REVERSE SIDE, E & CORRECT. <mark>ON THE NEXT LIN</mark>	
ALL QUESTIONS MUST BE ANSWEUNANSWERED.			AVE ANY QUESTIONS	
HOUSEHOLD COMPOSITON : Lis	t all persons livii RELATIONSHIP TO	~ ~		
ADULTS (LEGAL NAME)	HEAD OF HOUSEHOLD	STUDENT (YES OR NO)	SCHOOL	
	RELATIONSHIP TO	STUDENT		
CHILDREN	HEAD OF HOUSEHOLD	(YES OR NO)	SCHOOL	
TOTAL HOUSEHOLD INCOME:	List money read	nived from ALL care	urans both normal & vencoured for	
TOTAL HOUSEHOLD INCOME:	List money rece	rived from ALL SOU	nces, bom earned & unearned fro	

TOTAL HOUSEHOLD INCOME: List money received from ALL sources, both earned & unearned from anyone in the household (Even if it is sporadic, it must be reported). This includes money from wages, self-employment, alimony, child support (court ordered or not, direct or through family support system), friends/family support or cash contributions, Social Security, Pensions, Veteran's benefits, disability and workman's compensation, retirement benefits, any benefits received from spouse or ex-spouse, TANF, financial aid, rental property income, stock dividends, bank account income, and any other source not listed in this form must be reported. NOTE: Not listing all sources is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

LIST ALL PERSONS (ADULTS AND CHILDREN) WHO HAVE INCOME AND LIST SOURCE

HOUSEHOLD MEMBER	SOURCE e.g. Wages, TANF, SSI, SSA, Child Support, Unemployment, Cash contributions, Pensions, Self-employment. (These are only examples, even if it is not listed, all income must be reported.)	AMOUNT \$	MONTHLY, WEEKLY, BI- WEEKLY, SEMI-MONTHLY

HOU: MEM	SEHOLD IBER	SOURCE e.g. wages, TANF, SSI, SSA, Child Support, Unemployment, Cash contributions, Pensions, Self-employment. (These are only examples, even if it is not listed, all income must be reported.)	AMOUNT \$	MONTHLY, WEEKLY, BI- WEEKLY, SEMI-MONTHLY				
Are th	nese ALL of your source	es of income?						
	*************ANS	SWER ALL QUESTIONS-DO NOT	LEAVE BLAN	KS*****				
ASSE	CTS OF ALL HOUSE	HOLD MEMBERS: (If yes to any o	of the following,	please explain below)				
1.		ember own or have an interest in comme ANY OTHER COUNTRY)						
2.	Has anyone in the household sold or given away any real estate or a business in the last 2 years?							
3.	Does anyone residing in the household own stocks, bonds, mutual funds or certificate of deposits (CD)?							
4.	cashing checks, it must	n the household have ANY bank account still be reported)s, checking) and person who has account	Include bank na	ame and account numbers, type				
5.	Does anyone own an automobile (car, SUV, RV, boat) or motorcycle? If yes, list year, make, model & license plate number & monthly payment:							
		If no, do you use a vehicle that is egistered under someone else's name? If yes, list year, make, & model						
	Is anyo	one outside of your household making your monthly amount	our monthly car p	ayment and/or insurance				
6.	Does anyone outside of	f your household pay for any of your bill	ls or give you mo	ney?				
7.	Does anyone outside of	f your household contribute to the house	hold in any way?					
8.	•	household have a spouse who lives i	•	tate, or country? If yes,				
HOU	SEHOLD INFORMA	TION: (If yes to any of the followin	g, please explaii	n below.)				
1.		adult member ever used any name(s) or						
2.		your household ever been arrested, ch date of offense:						
3.	Are you or anyone in the	ne household currently on parole or prob	eation? If yes, list	details.				
4.	Are you or anyone in your household subject to registration as a sex offender in any state? If yes, list name and state:							
OF A ANY I UNDE CRIM PUBL	NING: TITLE 18, SECT FELONY FOR KNOW DEPARTMENT OR AG CR CALIFORNIA STA' UNAL CHARGES INC IC OFFICE, AND OBTA	ION 1001 OF THE UNITED STATES VINGLY & WILLINGLY MAKING I SENCY OF THE UNITED STATES. IN THE LAW (PENAL CODE SECTION CLUDING PERJURY, GRAND THE AINING MONEY UNDER FALSE PRINTERS OF THE STATES OF THE	CODE, STATES FALSE OR FRA MAKING FALSE S: 115, 118, 487 FT, FILING FA ETENSE.	UDULENT STATEMENTS TO STATEMENTS IS A FELONY , 532) AND MAY RESULT IN ALSE DOCUMENTS WITH A				
HOUS		PUBLIC HOUSING AUTHORITY OF						
all info memb occurr head o	ormation contained in the of the household must rence of the change. All of the household must rence or the househ	perjury under the laws of the United State and correct. I under the reported, IN WRITING, to the so, the Housing Authority MUST apprequest, in writing, to add or remove ination from the program and/or crimi	erstand that ALL Housing Author prove ANY addi a member. Failu	changes in the income of ANY ity within two (2) weeks of the tional household members. The				
Head	of Household	Date Other	member	Date				
Other	member	Date Other	member	Date				