



State of New York  
**Division of Housing and Community Renewal**  
 25 Beaver Street, New York, NY 10004  
 Web site: www.nysdhcr.gov  
 E-Mail Address: Section8info@nysdhcr.gov

**PERSONAL DECLARATION**

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT, LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

**I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.**

ADULTS (Legal Names)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) SEPARATED (S) DIVORCED (D)
1.				YEAR:
2.				YEAR:
3.				YEAR:
4.				YEAR:

CHILDREN (name as It appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

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

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY, STATE, ZIP

\_\_\_\_\_  
 SS NO. (If known)

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY, STATE, ZIP

\_\_\_\_\_  
 SS NO. (If known)

**II. TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workmen's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

**LIST AMOUNTS RECEIVED BELOW:**

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

**III. ASSETS:** If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? \_\_\_\_\_ Have you sold any real estate in the last two years? \_\_\_\_\_ Do you own any stocks or bonds? \_\_\_\_\_ Do you have savings accounts? \_\_\_\_\_ If yes, give bank, account numbers, and amounts below. Do you own a car? \_\_\_\_\_ Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_ Do you own a second car? \_\_\_\_\_ Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No \_\_\_\_\_ If yes, explain below.
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No \_\_\_\_\_ If yes, explain below.
- Have you or any member lived in any assisted housing? Yes/No \_\_\_\_\_ If yes, list where and when below.
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No \_\_\_\_\_ If yes, explain below.
- Have you ever committed any, fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No \_\_\_\_\_ If yes, explain below.

**I hereby swear and attest that all of the information reported above is true and accurate. I also understand that all changes in the income of any member of the household, as well as any changes in household composition MUST be reported to DHCR in writing within two weeks of the date after the change occurs.**

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

\_\_\_\_\_  
SIGNATURE OF SPOUSE      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT      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 DEPARTMENT OR AGENCY OF THE UNITED STATES**