

# Housing Authority City of Weatherford Recertification Application

## ANNUAL RECERTIFICATION PERSONAL DECLARATION

**Instructions:**

1. All sections of this form must be completed in **your own handwriting** using a **black or blue ink** only. Use correct legal name(s) only.
2. Answer each question by checking (✓) **YES, NO or N/A**. Provide a copy of added information for verification.
3. All changes in family composition & income after this declaration must be reported in writing **within 10 business days**.
4. Spouse & Adult members of the household (**18 years or older**) must also sign this form. Incomplete answers & information will cause delay.

Date \_\_\_\_\_  Single    Married    Widow(er)  
 Participants Name \_\_\_\_\_  Divorced    Separated  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**PART I: HOUSEHOLD MEMBERS(S)**

1. List below the name(s) of household members **LIVING WITH YOU** starting with yourself.

Family Member's Full Name	On Current Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relation to Head	Date of Birth	AGE	SEX	Social Security Number
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SELF</b>				
2	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5	<input type="checkbox"/> Yes <input type="checkbox"/> No					
6	<input type="checkbox"/> Yes <input type="checkbox"/> No					
7	<input type="checkbox"/> Yes <input type="checkbox"/> No					
8	<input type="checkbox"/> Yes <input type="checkbox"/> No					
9	<input type="checkbox"/> Yes <input type="checkbox"/> No					

2.  Yes    No    Not Applicable      Of the child(ren) you listed above (if any), is there anyone whom you legally adopted or obtained court ordered custody? If Yes, write child's name and submit legal documents. \_\_\_\_\_
3.  Yes    No    Not Applicable      If you checked current disability above, or if the head of household or spouse is 62 years or older, do you have related medical expenses? If Yes, provide a printout of medical expenses to your case specialist.  
 \* Note: These questions are being asked only to determine if you will qualify for other programs.

**PART II: FAMILY INCOME INFORMATION**

Answer each questions below by checking (✓) **Yes or No**. If Yes, you must provide additional information on the space provided.

4.  Yes    No      Is there any working household member? If Yes, who? \_\_\_\_\_

Employer: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ How Many Hrs. Per Week? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

5.  Yes    No      Anyone else in the Household who work? If Yes, who? \_\_\_\_\_

Employer: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ How Many Hrs. Per Week? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

6.  Yes    No      Do you receive Child Support whether Court Ordered or direct from the parent? If Yes, Complete space below.

Name of Child: \_\_\_\_\_ Amount: \_\_\_\_\_ How Often? \_\_\_\_\_ CIN# \_\_\_\_\_

Name of Child: \_\_\_\_\_ Amount: \_\_\_\_\_ How Often? \_\_\_\_\_ CIN# \_\_\_\_\_



# Expense Reporting Form

## This form must be completed for Re-Certification

By all adult household members 18yrs of age and older.  
If it does not apply to your family please put "N/A."

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please enter in a monthly amount of all forms of income / assets you currently have:

SS \$ _____	WAGES \$ _____	OAP \$ _____	UNEMPLOYMENT \$ _____	MONEY FROM FAMILY / FRIENDS \$ _____
SSI \$ _____	CHILD SUPPORT \$ _____	VA \$ _____	TRUST FUND \$ _____	ALIMONY \$ _____
MISC \$ _____	TANF \$ _____	PENSION \$ _____	FOOD STAMPS \$ _____	OTHER \$ _____
SAVINGS ACCOUNT BALANCE: \$ _____		CHECKING ACCOUNT BALANCE: \$ _____		

**Please answer the following questions honestly and completely**

1. Is any member of the household receiving food stamps? If yes, how much do you receive monthly?	Yes No Amount: \$ _____
2. What is your household's monthly grocery bill, for additional groceries not covered by food stamps?	Amount: \$ _____
3. How does your household pay for the groceries?	
4. Does someone other than a household member give you cash for groceries, who is it? Name: Address: Phone:	
5. How much does this person give your household in cash for groceries on a monthly basis?	Amount: \$ _____
6. Does anyone give you groceries or prepared foods for your household? If Yes, what would be the monthly value of the food / groceries?	Amount: \$ _____

### Cleaning, Grooming and Paper Product Expenses

1. What do you pay monthly for paper products used by your household? Include paper napkins, toilet paper, paper towels, trash bags, and disposable diapers.	Amount: \$ _____
2. How does your household pay for these products?	
3. Does someone other than a household member give you cash for these paper products, who is it? Name: Address: Phone:	
4. How much does this person give your household in cash to buy paper products on a monthly basis?	Amount: \$ _____

5. Does anyone give you paper products for your household? If yes, what would be the monthly value of the paper products?	Amount: \$ _____
6. What do you pay monthly for grooming products and services used by your household? Include: soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician, manicures, etc.	Amount: \$ _____
7. How does your household pay for these grooming products and services?	
8. Does someone other than a household member give you cash for these grooming products, who is it? Name: Address: Phone:	
9. How much does this person give your household in cash monthly to pay for these grooming products or services?	Amount: \$ _____
10. What do you pay monthly for cleaning products used by your household? Include: dishwashing soap, laundry detergent, and household cleaning products.	Amount: \$ _____
11. How does your household pay for these cleaning products?	
12. Does someone other than a household member give you cash for these cleaning products, who is it? Name: Address: Phone:	
13. How much does this person give your household in cash monthly for these cleaning products?	Amount: \$ _____
14. Does anyone give you cleaning products for your household? If yes, what would be the monthly value of the cleaning products?	Amount: \$ _____

#### Transportation Expenses

1. Does your household own a vehicle? (If no, skip to question #11) <ul style="list-style-type: none"> <li>• Yes or No. Do you owe money or do you make payments on the vehicle?</li> <li>• If yes, what is the amount of the monthly vehicle payment?</li> <li>• How does your household make the vehicle payment?</li> </ul>	Yes    No Yes    No Amount: \$ _____
2. Does someone other than a household member give you cash to make the vehicle payment, who is it? Name: Address: Phone:	
3. How much does this person give your household in cash monthly to pay your vehicle payment?	Amount: \$ _____
4. What is the average monthly cost for gas to operate your vehicle?	Amount: \$ _____
5. What is the average annual cost for maintenance on your vehicle?	Amount: \$ _____
6. What is the average annual cost for tires?	Amount: \$ _____
7. What is the annual cost for auto insurance on this vehicle?	Amount: \$ _____
8. How does your household pay for the above auto-related expenses?	
9. Does someone other than a household member give you cash for these auto-related expenses, who is it? Name: Address: Phone:	

10. How much does this person give your household in cash monthly to pay for these auto- related expenses?	Amount: \$ _____
11. If your household does not have a vehicle, what do you use for transportation?	
12. What is the average monthly transportation cost for your household?	Amount: \$ _____
13. How does your household pay for transportation costs?	
14. Does someone other than a household member give you cash for your transportation costs, who is it? Name: Address: Phone:	
15. How much does this person give your household in cash monthly to pay for your transportation costs?	Amount: \$ _____

### Entertainment Expenses

1. Does your household have cable or satellite connection? (If no, skip to question #6)	Yes   No
2. What is the monthly cost of cable or satellite services?	Amount: \$ _____
3. How does your household pay for the cable or satellite services?	
4. Does someone other than a household member give you cash to pay for your cable or satellite services, who is it? Name: Address: Phone:	
5. How much does this person give your household in cash monthly for your cable or satellite services?	Amount: \$ _____
6. What are the monthly costs of these entertainment expenses for your household? Include the following:	
Magazines	Amount: \$ _____
Movies	Amount: \$ _____
Video Rentals	Amount: \$ _____
Club Memberships	Amount: \$ _____
Sporting Events	Amount: \$ _____
Lottery Tickets	Amount: \$ _____
Liquor/Beer/ Wine	Amount: \$ _____
Vacations	Amount: \$ _____
Other Entertainment	Amount: \$ _____
7. How does your household pay for these entertainment costs?	
8. Does someone other than a household member give you cash for these entertainments expenses, who is it? Name: Address: Phone:	

### Clothing Expenses

1. What is the average monthly cost for clothing and shoes for your household?	Amount: \$ _____
2. How does your household pay for clothing and shoes?	

3. Does someone other than a household member give you cash or pays for your clothing and shoes, who is it? Name: Address: Phone:	
4. How much does this person give your household monthly for clothing and shoes?	Amount: \$ _____

#### Smoking Expenses

1. Does anyone in your household smoke cigarettes, cigars or use tobacco products? • If yes, how many packs per day are smoked or tobacco used in the household?	Yes No How many : _____
2. What is the average monthly cost for your cigarettes, cigars or use tobacco products?	Amount: \$ _____
3. Does someone other than a household member gives you cash or pays for your cigarettes or tobacco use, who is it? Name: Address: Phone:	
4. How much does this person give your household monthly for cigarettes, cigars or tobacco products?	Amount: \$ _____

#### Communication Expenses

1. Does anyone in your household have a telephone? • If yes, how many lines does the household have in the unit?	Yes No # of lines: _____
2. Does anyone in your household have any special features? (for example; call waiting, call forwarding, caller ID, etc)	Yes No
3. Does anyone in your household have a cell phone(s)?	Yes No
4. What is the monthly cost for your telephone service or cell phone(s)?	Amount: \$ _____
5. How does your household pay for the cost of telephone service or cell phone(s)?	
6. Does someone other than a household member give you cash or pays for your telephone service or cell phone(s), who is it? Name: Address: Phone:	
7. How much does this person give you in cash monthly or pays for your telephone service or cell phone(s)?	Amount: \$ _____
8. Does anyone in your household have a computer?	Yes No
9. Does anyone in your household have an internet connection? • If yes, who is the internet service provider?	Yes No Service Provider _____
10. What is the monthly cost of the internet service connection?	Amount: \$ _____
11. How does your household pay for the internet connection?	
12. Does someone other than a household member give you cash or pays for your internet connection, who is it? Name: Address: Phone:	
13. How much does this person give you in cash monthly or pays for your internet services?	Amount: \$ _____

#### Housing and Utility Expense

1. What do you pay monthly for your Housing Assistance? • What do you pay monthly for utilities? Gas, Electric, Water, Sewer, Trash	Amount: \$ _____ Amount: \$ _____
2. How does your household pay for your Housing Assistance and utilities?	

3. Does someone other than a household member give you cash or pays for your housing assistance and utility costs, who is it? Name: Address: Phone:	
4. How much does this person give you in cash monthly or pays for your Housing assistance or utility services?	Amount: \$ _____

**Miscellaneous Expenses**

1. How much does your household spend per year on the following expenses?	
Church contributions	Amount: \$ _____
Unreimbursed educational expenses	Amount: \$ _____
Unreimbursed child care expenses	Amount: \$ _____
Unreimbursed job expenses	Amount: \$ _____
Unreimbursed medical expenses	Amount: \$ _____
Pets expenses	Amount: \$ _____
Other expenses	Amount: \$ _____

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that I am obligated to complete this form on a monthly basis if the following apply:

- as long as I do not have income
- If I have zero rent
- If I am not employed

I understand it is my responsibility to request this from my Case Manager. I also understand that all changes in my income and the income of any member of the household must be reported to my Case Manager in writing within ten (10) days of the change. I must complete the Personal Declaration form and provide documentation of all changes in income. I also acknowledge that the WHA will contact the Department of Labor and Employment to verify my unemployment.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
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.**