



# INDIVIDUAL DECLARATION

The adult named below must complete AND sign this form even if there is no income  
(Must be 18 years or older at time of signature)

Name \_\_\_\_\_ Client # \_\_\_\_\_

## INCOME

**ALL income must be reported and verifications provided for ALL household members (including minors) who receive income and/or benefits for the determination of continued program eligibility.**

### Do you receive income from any of the sources listed below?

Check Yes for all the applicable items AND provide **required items** listed, check No if not applicable

YES NO

- SSI for adults  
*(Provide most recent benefit letter)*
- SSA for adults  
*(Provide most recent benefit letter)*
- Pensions / Retirement/Annuities  
*(Provide most recent benefit letter or 4 recent pay stubs)*
- Veterans Benefits –file # \_\_\_\_\_  
*(Provide most recent benefit letter or 4 pay stubs)*
- TANF/CalWorks/General Assistance  
*(Provide benefit letter if not from Alameda County)*
- Food Stamps  
*(No documentation needed)*
- Adoption Assistance/Foster Care/KinGap  
*(Provide benefit letter/pay stubs for each case/child)*

YES NO

- SSI and/or SSA for minors Name of minor(s) \_\_\_\_\_  
*(Provide most recent benefit letter)*
- Job / Wages/Military Pay/Employment Training  
*(Provide 4 most recent & consecutive paystubs)*
- Tips, Bonuses or Commissions  
*(Provide written statement of monthly income)*
- Self-Employment  
*(Provide recent tax return w/ Schedule C or Profit and Loss Statement)*
- Unemployment/ Disability / Worker's Compensation  
*(Provide benefit letter or 4 recent pay stubs)*
- Regular Cash Gifts / Loans  
*(Provide letter from person giving assistance w/amount & frequency)*
- Child Support/ Alimony/Spousal Support  
*(Provide last 12 months of payments or court documents)*

YES NO

Do you receive any income from any other sources not listed above? If yes, describe \_\_\_\_\_

Do you receive income from In Home Supportive Services for the care of a developmentally disabled family member?  
Name of family member: \_\_\_\_\_

### Please provide contact information for each income sources marked above:

Employer's Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Person providing support (Ex: Child Support, Alimony, Gifts/Loans): \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

## ASSETS

**ALL assets must be reported and verifications provided for ALL household members (including minors) for the determination of continued program eligibility.**

YES NO

- Do you have assets totaling in value of more than \$50,000
- Have you sold or given away any asset(s) for less than their value in the last 2 years?  
Asset Type \_\_\_\_\_ Date Sold \_\_\_\_\_ Amount Sold for \$ \_\_\_\_\_ Value at time of sale \$ \_\_\_\_\_
- Do you have any assets held jointly with another person? (Ex: Checking, Savings, real estate, etc.)  
Asset Type \_\_\_\_\_ Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Balance/Value \$ \_\_\_\_\_
- Did you file a federal tax return last year?

## ASSETS (cont.)

**Do you own or have any of the assets listed below?** If Yes, please check **all** the applicable items **AND** provide **required items** listed

YES NO

Checking Account(s)  
*(Provide last 3 months of statements)*

Savings / Money Market Account(s)  
*(Provide most recent statement)*

IRA (Individual Retirement Account)  
*(Provide most recent statement)*

Other: \_\_\_\_\_

YES NO

House, Condo, Mobile Home, Land or Real Estate  
*(Provide copy of grant deed)*

Certificate of Deposit (CD) / Treasury Bills / Bonds/Trust Fund  
*(Provide most recent statement)*

Whole Life Insurance Policies  
*(Provide copy of policy documents)*

**Please provide information for ALL asset sources checked above:**

Asset Type \_\_\_\_\_ Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Balance/Value \$ \_\_\_\_\_

Asset Type \_\_\_\_\_ Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Balance/Value \$ \_\_\_\_\_

Asset Type \_\_\_\_\_ Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Balance/Value \$ \_\_\_\_\_

## CHILDCARE INFORMATION

*For children under the age of 13. Must provide last 3 months of receipts or letter from provider*

YES  NO Do you pay for childcare so you or a family member can work, go to school or seek employment?  
If yes, indicate the Childcare Provider's information below

Name(s) of child(ren) in childcare: \_\_\_\_\_

Provider/Agency Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Amount paid \$ \_\_\_\_\_  Per Week  Per Month

YES  NO Is any portion of the childcare paid for by another person or agency? If yes, provide the following:

Paid by: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Amount paid \$ \_\_\_\_\_  Per Week  Per Month

Name(s) of child(ren) paid for by another person or agency: \_\_\_\_\_

## SCHOOL / TRAINING INFORMATION

*Must provide verification of current enrollment and transcript*

YES  NO Do you currently attend school/ college/vocational or technical training?

School/ Facility Name: \_\_\_\_\_

School/Facility Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Do you live in the household during the school year?  YES  NO Do you attend Full-time?  YES  NO

Do you receive the following?

Financial Aid (Ex: Grants, Scholarships, etc.):  YES  NO | Work-Study:  YES  NO | Training Wages:  YES  NO

## DECLARATION OF ACKNOWLEDGEMENT

**Penalties for committing fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. The following may occur if you provide information that you know is false or incomplete:**

- Termination from the program
- Imprisonment for up to five (5) years
- Fine of up to \$10,000
- Repayment for overpaid rental assistance you received
- Disqualification from receiving future assistance

**By signing below I am certifying that I have completed the Individual Declaration form and that the information I have given is true and complete.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_