

**Oakland Housing Authority
Personal Declaration**

Head of Household : _____ Client Number : _____ RX Month: _____

Address: _____ City, State, Zip: _____

Accommodation for Persons with Disabilities:

The Housing Authority will make reasonable efforts to accommodate persons with disabilities. To request special accommodations; please contact your representative at least 3 days prior to your appointment.

Language translation services are available in 151 languages at all offices at no cost.

Los servicios de traducción en 151 idiomas están disponibles en todos las oficinas sin ningún costo.

**所有辦公地點都會免費提供 151 種
的外語翻譯服務。**

Note: If you are completing this form for a person(s) with disabilities or an elderly person(s) or for someone who does not speak, read, or understand English, please provide your name, address, and telephone number here:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Instructions:

Please print - Use a pen only

This form must be completed in your own handwriting. You must print the **correct legal name** for each person in your household as it appears on the social security card, including live-in aides. **All adults (18 years or older)** of the household must sign this declaration certifying that all information is true and complete.

I. Persons in Your Household: List all **ADULTS AND MINORS** (including children who are 18 years or older and live-in aides) who are living in your home, listing yourself (head of household) first.

Full Legal Name	Date of Birth	Relationship to Head of Household	Social Security Number
1.		Head of Household	- -
2.			- -
3.			- -
4.			- -
5.			- -

Full Legal Name	Date of Birth	Relationship to Head of Household	Social Security Number
6.			- -
7.			- -
8.			- -
9.			- -
10.			- -
11.			- -

II. Answer all questions. Check all that apply to you or any person living in your household. If you answered, "YES" to any of the questions below, please provide current verification. (See attached "Required Documentation" form for more information.)

YES NO

Have you or any person living in your household ever received lump sum payments or retroactive payments within the last year?

(Example: someone left you money, Social Security made a retroactive payment, Lottery winnings, Insurance settlements etc.)

Explain: _____

Did you or any person in the household dispose of any asset(s) for less than the fair market value in the past 2 years?

Do you or any person in the household have any assets that are held jointly with another person?
(Example: Checking Accounts, Savings Accounts, real estate etc.)

Did you or any person in the household file a federal tax return last year?

Did you or any person in the household receive an Earned Income Tax Credit refund?

Do you or any person in the household receive adoption assistance payments?

Do you or any person in the household receive foster care assistance?

Does anyone outside your household pay any of your bills or give you or any family member money? If yes, please explain: _____

Have you sold or given away any property, real estate, etc., worth more than \$1,000 within the past year? Explain: _____

YES NO

Does any adult in the household attend school/college/vocational or technical training?

Name of Student: _____

Name of School: _____

Address of School _____ City: _____ Zip: _____

Students Only:

Do you receive the following?

YES NO

YES NO

YES NO

Cal Grants

Work-Study

Scholarships

Does the student reside in the household during the school year? YES NO

Do you pay for child care so you or a family member can work or go to school? If "YES", please list the child care provider:

Name: _____ Amount paid per week: \$ _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Is any portion of the childcare paid for by another person or agency? If "YES," by whom?

Name: _____ Amount: \$ _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Is any adult participating in an employment training program? If "YES", explain: _____

Is anyone in the household reimbursed for any expenses while attending the employment training program? Yes No

Is any household member a person with a disability? – If "YES," name(s) of person (s)

Does this person or persons require a live-in-aide Yes No

Name of potential live-in-aide: _____ Social Security Number: _____

Does this person require special accommodations due to the disability? Yes No

YES NO

- For Elderly and Disabled only** - Do you medical expenses that are not paid for by Medi-Cal or Medicaid or insurance? If yes, please provide paid medical receipts for the last 12 months.
- Do you or any person living in your household receive Medi-Cal or Medicaid?
If "YES," Name _____
- Have you or any other person in the household ever used any name(s) or social security number(s) other than the one listed on the Personal Declaration? If "YES,"
Name: _____
- Have you or any person living in your household engaged in any criminal activity such as illegal use, possession, or distribution of a controlled substance and/or violent criminal activity within the last three years?
- Are you or any person in the household subject to a lifetime registration requirement under any state's sex offender program? **Name of Person(s)** _____
- Have you or any person in the household been arrested or convicted for the manufacturing of methamphetamines?
- Do you or any person in the household owe money to any housing authority?
- Are you or any member of your household an Oakland Housing Authority employee?
If "Yes," name of person(s) _____
- Are you or any member of your household related to an Oakland Housing Authority employee?
If "Yes," name of person (s) _____

Office Use Only

If the participant answers, "YES" to being an OHA employee or being related to an employee, the entire application must be given to the appropriate Department Director for review and further processing.

V. Please check the primary language spoken by the head of household:

Language: English Spanish Chinese Cambodian Vietnamese
 Other (specify) _____

VI. Please check one or more of the following that applies to the head of household:

White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander

Is the head of household Hispanic? Yes No

