



# Rockville Housing Enterprises

## ***SECTION 8 HOUSING CHOICE VOUCHER PROGRAM***

### ***CERTIFICATION PACKAGE***

*ПАКЕТ СВИДЕТЕЛЬСТВА*

*PAQUETE DE CERTIFICACIÓN*

*621 A Southlawn Lane  
Rockville, Md 20850*

*Phone: (301) 424-6265 Fax: (301) 217-5857*

*Ida D. Koram, Director, Housing Choice Voucher (HCV)  
Meta Lim, HCV Specialist  
Jamila Michael, HCV Specialist  
Susan Cheney, Home Ownership Specialist  
Jean Caraway, Family Self Sufficiency (FSS) Coordinator*





## **Allowance for Disability Assistance Expense**

Families are entitled to a deduction for unreimbursed expenses to cover care attendants and auxiliary apparatus for any family member who is a person with disabilities to the extent these expenses are necessary to enable a family member (including the member who is a person with disabilities) 18 years of age or older to be employed.

## **Allowance for Medical Expenses**

The medical expense deduction is permitted only for households in which the head or spouse is at least 62 or disabled (elderly or disabled households).

If the household is eligible for a medical expense deduction, the medical expenses of all family members may be counted (e.g., the orthodontist expenses for a child's braces may be deducted if the household is an elderly or disabled household).

Medical expenses are expenses anticipated to be incurred during the 12 months following certification or reexamination which are not covered by an outside source such as insurance or others persons outside of the household. The medical allowance is not intended to give a family an allowance equal to last year's expenses, but to anticipate regular ongoing and anticipated expenses during the coming year.

### **These may include:**

- Services of doctors and health care professionals
- Services of health care facilities
- Medical insurance premiums
- Prescription print outs/non-prescription medicine receipts (prescribed by a physician)
- Transportation to treatment (cab fare receipts, bus fare, mileage)
- Dental expenses, eyeglasses, hearing aids, batteries
- Live-in periodic medical assistance
- Monthly payment on accumulated medical bills (regular monthly payments on a bill that was previously incurred). The allowance may include only the amount expected to be paid in the coming 12 months.

# ROCKVILLE HOUSING ENTERPRISES

## HOUSING APPLICATION PERSONAL DECLARATION OF FAMILY STATUS

Eligibility for housing assistance is based on the disclosure of information regarding household income, assets, family size and composition. The Head of Household must complete this form. *Do not leave anything blank. Write N/A if the information requested does not apply to you. ALL INFORMATION WILL BE VERIFIED.* Please use the correct legal name for each member of your household. All adult members of the household must sign the form certifying the information pertaining to them is correct. **Please Print.**

Head of Household: \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Number(s): (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ (Other) \_\_\_\_\_

Driver's License # of Head of Household: \_\_\_\_\_ State: \_\_\_\_\_

If you currently rent, is the lease in your name?  Yes  No Do you live?  in an apt./townhouse  
 with friends or relatives  in transitional housing  in a shelter  other \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION** (List all persons living in your home starting with yourself).

Last Name	First Name	M. I.	Date of Birth	Place of Birth (City, County, State or Country)	Relation to Head	Social Security Number	Race	Sex	Age
1.					<b>Self</b>				
2.									
3.									
4.									
5.									
6.									
7.									
8.									

**a. INFORMATION ABOUT CHILDREN RESIDING IN YOUR HOUSEHOLD**

Child's Name	School Attended (if applicable)	Absent Parent Name	Absent Parent Address	Monthly Child Support Received

- b. **HOUSEHOLD INCOME:** (List all money earned and received from employment, child support, alimony, welfare benefits, social security, SSI, workman's compensation, unemployment, assets, veteran's benefits, retirement, regular gifts or cash contributions, self employment, and all other sources for ALL family members 18 and older)

Household Member Name	Employer Name and Address	Weekly Wages

Indicate all sources of **unearned** income. Write in the amount of payment received OR WRITE N/A if you do not receive income from that source. **DO NOT LEAVE BLANK**

Unemployment Benefits	\$ _____	Weekly	
Social Services (welfare)	\$ _____	Monthly	
Child Support	\$ _____	Monthly	
Alimony	\$ _____	Monthly	
Social Security Retirement	\$ _____	Monthly	
Social Security Disability	\$ _____	Monthly	
Social Security Widow Pension	\$ _____	Monthly	
Social Security for Children	\$ _____	Monthly	
Supplement Security Income (SSI)	\$ _____	Monthly	
Veteran's (VA) Pension	\$ _____	Monthly	
Workmen's Compensation	\$ _____	Monthly	
Pension	\$ _____	Monthly	From: _____
Regular contribution or gift	\$ _____	Monthly	From: _____
Babysitting/Child Care Income	\$ _____	Monthly	From: _____
Self Employment Income	\$ _____	Monthly	From: _____
Rental Income	\$ _____	Monthly	From: _____
Other Income:	\$ _____	Monthly	From: _____

Do you receive Food Stamps? Yes \_\_\_ No \_\_\_ Value: \$ \_\_\_\_\_

Do you work within the CITY LIMITS of Rockville? \_\_\_ Yes \_\_\_ No

- c. **ASSETS:** List assets in bank accounts, stocks, bonds, real estate, rental income, certificates of deposit, IRA, Keogh and similar retirement savings accounts, trusts, life insurance, gems, lottery winnings, inheritances, insurance settlements, lawsuit winnings, assets disposed of for less than fair market value during two years preceding certification or recertification, and any other assets).

Household Member	Asset Type	Name & Address of Bank or Institution	Total Asset Value	Annual Income from Asset
	Checking			
	Savings			

Have you disposed of any assets for less than fair market value during the two years before this certification?  
 \_\_\_\_\_ If yes, what was the actual value? \_\_\_\_\_ Disposed at what amount? \_\_\_\_\_

**II. EXPENSES**

1. Annual Child Care Expenses \$ \_\_\_\_\_  
For \_\_\_\_\_ Paid to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
- For \_\_\_\_\_ Paid to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

2. Annual Medical/Disability Expense (To be filled in ONLY if the Head/Co-Head is elderly or disabled): What medical expenses do you pay out of your own pocket that are not paid nor reimbursed to you from other persons or sources? (provide print-outs and/or receipts)

	Name	Amount
a.	_____	_____
b.	_____	_____

**III. OTHER INFORMATION**

1. Are you being involuntarily displaced due to government action (code enforcement or neighborhood development program)? Disaster (flood, fire, earthquake)? Yes\_\_ No\_\_  
Please explain: \_\_\_\_\_
2. Have you or any other member of your household lived in assisted housing (Section 8, Public Housing, RAP, state-assisted, or any other subsidized housing housing)? Y\_\_ N\_\_  
Under what name? \_\_\_\_\_  
When? \_\_\_\_\_  
Where? \_\_\_\_\_
- 3 a. Have you ever been evicted from assisted housing? Y\_\_\_\_\_ N\_\_\_\_\_  
If yes, where? \_\_\_\_\_
- b. Do you or any other family member currently owe rent or other monies to a public housing authority? Y\_\_ N\_\_\_\_\_  
If yes, where? \_\_\_\_\_
4. Have you or any other member of your household ever been arrested or convicted of a crime other than traffic violations? Y\_\_ N\_\_  
Explain: \_\_\_\_\_
5. Are you or any adult member of your household currently on probation? Y\_\_\_\_\_ N\_\_\_\_\_  
Who? \_\_\_\_\_
6. Have you or any member of your household ever been arrested or convicted of illegally manufacturing or distributing a controlled dangerous substance? Y\_\_ N\_\_  
Explain: \_\_\_\_\_
7. Are you or any member of your household a registered sex offender? Y\_\_ N\_\_\_\_\_  
\_\_\_\_\_

8. Have you or any member of your household ever been convicted of drug-related criminal activity for the manufacture or production of **methamphetamine** on the premises of federally assisted housing? Y \_\_\_\_\_ N \_\_\_\_\_ Where? \_\_\_\_\_

9. Are you or any member of your household a person with disabilities? Y \_\_\_ N \_\_\_

A. Name(s): \_\_\_\_\_

B. Do you receive disability income? Y \_\_\_ N \_\_\_

C. Do you need a mobility accessible unit? (i.e., wheelchair use): Y \_\_\_ N \_\_\_

D. Do you require a reasonable accommodation for your disability? If so, please describe needs: \_\_\_\_\_

10. Is anyone in your household, age 18 and older a full time student? Y \_\_\_\_\_ N \_\_\_\_\_

Who? \_\_\_\_\_ School \_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_/\_\_\_\_\_  
Name and telephone number / Relationship to Applicant

**APPLICANT/RESIDENT CERTIFICATION:**

I/We certify that the information given to the Rockville Housing Enterprises (RHE) on household income, composition, assets, and all other information contained in this Housing Application is **TRUE, CORRECT, and COMPLETE** to the best of my/our knowledge and belief.

I/we understand that false statements, missing information, and/or intentional or willful misrepresentation of facts in this application will result in denial or termination of housing and is punishable under Federal Law.

I/We authorize and give permission to Rockville Housing Enterprises to verify and secure financial, social, medical, and criminal information on all information contained herein using third party verifications and computer matching. I understand that information to be verified may include, but is not limited to credit and criminal record checks, verifications regarding income, family size, medical and child care allowances, previous residences and rental history, debts owed to public housing authorities, child care expenses, and full time student status.

I agree to provide any information requested by Rockville Housing Enterprises to verify statements on this application and/or to determine eligibility for housing. I further agree to provide written updated information to RHE promptly of any change and/or additional information related to this application.

\_\_\_\_\_/\_\_\_\_\_  
Head of Household Signature                      Date                      Spouse/Co-Head Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Other Adult Members Signature                      Date                      Signature                      Date

Interviewer/Witness \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Rockville Housing Enterprises  
621-A Southlawn Lane  
Rockville, Maryland 20850

HA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# ROCKVILLE HOUSING ENTERPRISES

## AUTHORIZATION OF RELEASE OF INFORMATION

Applicant or participant and any household member eighteen (18) years or older must complete this form.

### CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Rockville Housing Enterprises any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the housing Assistance Program. I understand and agree that this authorization or the information obtained with it may be given to and used by the Department of Housing and Urban development (HUD) in administering and enforcing program rules and policies.

### INFORMATION COVERED

I understand that depending on program policies and requirement, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status

Employment, Income and Assets

Residences/Rental Activity

Medical/Child Care Allowance

Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for or continued participation in the Housing Assistance Program.

### GROUPS OR INDIVIDUAL THAT MAY BE ASKED

The groups or individual that may be asked to release the above information include, but are not limited to:

Previous and Current Landlord (Including public housing agencies)

Social Security Administration

Medical and Child Care Providers

Welfare Agencies

Utility Companies

Past and Present Employers

State Unemployment and Wage Board Agencies

Law Enforcement Agencies

Banks & Financial Institutions

Support and Alimony Providers

Courts and Post Offices

Veterans Administration

Schools and Colleges

Retirement Systems

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month (13 months) from the date signed.

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HEAD OF HOUSEHOLD (Print Name)	SIGNATURE	SOCIAL SECURITY # DATE
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SPOUSE (Print Name)	SIGNATURE	SOCIAL SECURITY # DATE
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ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY # DATE
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ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY # DATE
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ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY # DATE
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# ROCKVILLE HOUSING ENTERPRISES

14 Moore Drive  
(301) 424-6265

Fax (301) 217-5857

Rockville, Maryland 20850  
TDD (301) 424-1078

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## INCOME DISCLOSURE FORM

I certify that I am currently NOT receiving income from any source.

I further certify that I will report to you within ten days any income that I receive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

.....  
**I/We understand that false statements or information are punishable under FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.**

Head of Household

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RHE Specialist \_\_\_\_\_

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

**ZERO INCOME CHECKLIST AND WORKSHEET VERIFICATION OF NON-CASH CONTRIBUTIONS**

**1. Food Expenses**

Is the family receiving Food Stamps?  Yes  No If yes, what is the monthly amount? \_\_\_\_\_

If no, what is the family's average weekly grocery bill? \_\_\_\_\_

How does the family pay the weekly grocery bill? \_\_\_\_\_

Who and/or what organization contributes to the grocery bill and/or contributes groceries? \_\_\_\_\_

Average weekly grocery bill & contributions from all sources x 52 = \$ \_\_\_\_\_ This amount is income.

**NOTE: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income.**

**2. Cleaning, Grooming and Paper Products Expenses**

What is the average weekly value of paper products used by the family? (napkins, toilet paper, paper towels, trash bags, disposable diapers) \$ \_\_\_\_\_ What is the average weekly value of grooming products and services used by the family? (soap, deodorants, shampoo, dental products, cosmetics, hair products and barber/salons) \$ \_\_\_\_\_

What is the average weekly value of cleaning products used by the family? (dish soap, detergent & household cleaners) \$ \_\_\_\_\_ How does the family pay for cleaning, grooming and paper products? \_\_\_\_\_

Who and/or what organization contributes to the cleaning, grooming and paper products expenses? \_\_\_\_\_

Total of Average weekly contributions from all sources x 52 = \$ \_\_\_\_\_ This amount is income.

**3. TRANSPORTATION EXPENSES**

Does the family own a car?  Yes  No If yes, amount of monthly car payments? \_\_\_\_\_

Gas? \$ \_\_\_\_\_ Maintenance? \$ \_\_\_\_\_ Insurance? \$ \_\_\_\_\_ If the family does not

have a car, what does the family pay for other transportation such as taxis, buses, trains and airfare? \_\_\_\_\_

What is the average monthly amount of cash and direct payment contributions the family receives for transportation? \$ \_\_\_\_\_

Total average transportation contributions from all sources x 12 = \$ \_\_\_\_\_ This amount is income.

**NOTE: Uninsured automobiles cannot be parked on PHA property.**

**4. ENTERTAINMENT EXPENSES**

Does the family have a cable/satellite TV connection?  Yes  No What is the monthly cost? \$ \_\_\_\_\_

What are the average monthly costs of Magazines? \$ \_\_\_\_\_ Movies? \$ \_\_\_\_\_ Video Rentals? \$ \_\_\_\_\_ Club

Memberships? \$ \_\_\_\_\_ Sporting Events? \$ \_\_\_\_\_ Liquor/Beer/Wine? \$ \_\_\_\_\_

Lottery Tickets? \$ \_\_\_\_\_ Vacations? \$ \_\_\_\_\_ Other Entertainment? \$ \_\_\_\_\_

Who and/or what organization contributes to entertainment expenses? \_\_\_\_\_

Average monthly entertainment contributions from all sources x 12 = \$ \_\_\_\_\_ This amount is income.

**5. CLOTHING EXPENSES**

What is the family's average monthly cost for clothing and shoes? \_\_\_\_\_ What is the family's average monthly amount spent for laundry, dry cleaning? \_\_\_\_\_ Who and/or what organization contributes to clothing expenses? \_\_\_\_\_

Average monthly contribution for clothing expenses x 12 = \$ \_\_\_\_\_ This amount is income.

**NOTE: Clothing acquired from Clothing Banks or given to the family second hand is not counted as income.**

**6. SMOKING EXPENSES**

Does anyone in the family's household smoke cigarettes/cigars?  Yes  No If yes, how does the family pay for cigarettes/cigars? \_\_\_\_\_

What is the average monthly contribution (in cash, cigarettes/cigars)? \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ This amount is income.

**7. COMMUNICATIONS EXPENSES**

Does the family have telephones?  Yes  No If yes, how many lines? \_\_\_\_\_ How many cell phones? \_\_\_\_\_

What is the average monthly cost of combined phone services? \_\_\_\_\_ Does the family have internet connection?  Yes  No What is the monthly internet service charge? \$ \_\_\_\_\_

Average monthly contributions (cash or direct payment to phone/internet companies) \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ This amount is income.

**8. SHELTER EXPENSES**

What is family's monthly rent share? \$ \_\_\_\_\_ How does the family pay their rent share? \_\_\_\_\_

What is the amount of contribution from others/organizations toward the family rent share? \$ \_\_\_\_\_

Does the family pay utilities?  Yes  No How does the family pay utility bills? \_\_\_\_\_

What is the amount of contribution from others/organizations toward utility bills (cash or direct payment to utility companies) \$ \_\_\_\_\_ Total contributions for rent & utilities \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ This amount is income.

**9. MEDICAL EXPENSES**

Does the family have any unreimbursed medical expenses?  Yes  No How much per month? \$ \_\_\_\_\_

How does the family pay for unreimbursed medical expenses? \_\_\_\_\_

**CONTRIBUTIONS FOR MEDICAL COSTS ARE NOT INCOME.**

**10. MISCELLANEOUS EXPENSES**

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expense and the amounts contributed toward the expenses.

Church contributions \$ \_\_\_\_\_ Unreimbursed Educational Expenses \$ \_\_\_\_\_ Unreimbursed Child Care Expenses \$ \_\_\_\_\_

**I HEREBY CERTIFY THAT I HAVE ANSWERED THE QUESTIONS ON THIS CHECKLIST TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE AND ABILITY.**

Head of Household's Signature \_\_\_\_\_

Date \_\_\_\_\_ RHE Specialist Signature \_\_\_\_\_

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

**FOR ROCKVILLE HOUSING ENTERPRISES OFFICE USE ONLY:**

COMPUTATION OF FAMILY INCOME

- |     |  |          |
|-----|--|----------|
| 1.  | Food Expenses                                  | \$ _____ |
| 2.  | Cleaning, Grooming and Paper Products Expenses | \$ _____ |
| 3.  | Transportation Expenses                        | \$ _____ |
| 4.  | Entertainment Expenses                         | \$ _____ |
| 5.  | Clothing Expenses                              | \$ _____ |
| 6.  | Smoking Expenses                               | \$ _____ |
| 7.  | Communications Expenses                        | \$ _____ |
| 8.  | Shelter Expenses                               | \$ _____ |
| 9.  | Medical Expenses                               | \$ _____ |
| 10. | Miscellaneous Expenses                         | \$ _____ |

**TOTAL** (attach calculator tape) \$ \_\_\_\_\_

Signature of Housing Specialist: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION OF CITIZENSHIP  
OR ELIGIBLE IMMIGRATON STATUS**

**NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - ( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - ( ) Permanent residence under §249 of INA 4/; or
  - ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - ( ) Parole status under §§212(d)(5) of the INA 6/; or
  - ( ) Threat to life or freedom under §243(h) of the INA 7/; or
  - ( ) Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

( ) Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

\*\*\*\*\*

**FOR HA USE ONLY:** INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the

jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.