



MONROE COUNTY

HOUSING AUTHORITY

PERSONAL, INCOME, AND ASSETS DECLARATION

NOTE: This form must be completed in your own handwriting. You must use the legal name for each member of your household. All adult members of the household must sign certifying the information pertaining to them is correct. PLEASE PRINT.

HOUSEHOLD COMPOSITION: List all persons who will be in your household, listing the head of household first.

| | Name | Date of Birth | Social Security Number | M/F | Relationship | Race | US Citizen? | Student? |
|----|------|---------------|------------------------|-----|--------------|------|-------------|----------|
| 1. | | | | | Self | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

Current Home Address:

Mailing Address (if different from above):

Phone Numbers: Daytime: _____ Evening: _____ Cell: _____

In case of an Emergency: _____

Email Address: _____

Do you need a handicapped accessibility unit? _____ YES _____ NO

TOTAL HOUSEHOLD INCOME: List all monies earned or received by everyone in your household. THIS INCLUDES WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, FAMILY SUPPORT, SOCIAL SECURITY, SSI, PENSIONS, VA BENEFITS, WORKMEN'S COMP, AFDC UNEMPLOYMENT, ALIMONY, ETC.



Employment and Government Assistance:

| Name | Wages | AFDC | VA | SSI/Soc. Sec. | Pension |
|------|-------|------|----|---------------|---------|
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Other Assistance:

| Name | Child Support | Family Assistance | Friend Assistance | Other Assistance Source | Other Assistance Amount |
|------|---------------|-------------------|-------------------|-------------------------|-------------------------|
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Assets:

| Name | Investments | Income Property | Insurance Policy | Trust Fund | Other (specify) |
|------|-------------|-----------------|------------------|------------|-----------------|
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I/We certify that my/our savings account balance is \$_____ and my/our checking account balance is \$_____. (If no accounts, mark NONE.)

Savings account # _____ Bank Name _____

Checking account # _____ Bank Name _____

Other account # _____ Bank Name _____

Property owned address: _____

Value or sale price \$_____

Income per month/year \$_____

Do you own a car or truck? ____ YES ____ NO

If YES: Make: _____ Model: _____ Year: _____ Tag #: _____

1. Does anyone outside your household pay for any of your bills or give you money?

_____ YES _____ NO

If YES, explain: _____

2. Have you or any other adult member ever used any names or Social Security numbers other than the one you are currently using? _____ YES _____ NO

If YES, explain: _____

3. Have you or any member lived in any assisted housing? _____ YES _____ NO

If YES, please list the name and city of the Housing Authority: _____

4. Have you or anyone in your household ever been convicted of any crime other than a traffic violation? _____ YES _____ NO

If YES, explain: _____

5. 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 program? _____ YES _____ NO

If YES, explain: _____

6. Have you or anyone in your household ever been evicted from an apartment or broken a lease or moved out before the lease ending date? _____ YES _____ NO

If YES, explain: _____

Stocks and Bonds:

| Name of Stock | Number of Shares | Current Value of Stock | Dividends per Share |
|---------------|------------------|------------------------|---------------------|
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| | | | |
| | | | |
| | | | |
| | | | |

Name of Brokerage: _____ Contact Person: _____



I/We hereby release this information to the Key West Housing Authority.

I/We are aware that this information will be verified with the above named institutions and this information will be kept in strict confidence.

| | | |
|--|-----------------------|---------------------------|
| _____ Signature of Applicant/Tenant | _____ Printed Name | _____/_____/_____ Date |
| _____ Signature of Applicant/Tenant | _____ Printed Name | _____/_____/_____ Date |
| _____ Signature of Applicant/Tenant | _____ Printed Name | _____/_____/_____ Date |