



# Missoula Housing Authority Personal Declarations for Eligibility/Certification

## CONTACT INFO

(Head of household)

Street address, P.O. Box, or Shelter Name		City	State	ZIP Code
Primary phone number	Other phone number	E-mail address		Do you require an alternate form of communication?(Please notify MHA if yes) <input type="checkbox"/> Yes <input type="checkbox"/> No
Optional/Emergency Contact name	Optional/Emergency Contact address	Optional/Emergency Contact phone number		Optional/Emergency Contact relationship

## ► HOUSEHOLD COMPOSITION AND INCOME: DEFINITION OF HOUSEHOLD (HOH=head) (CH=co-head) (SP=spouse) (D=daughter) (S=son) (LIA=live in aide) (O=other adult)

List every person living in the household at least 50% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M/F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write 'o'.
						Yes	No	
	HOH							Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$

## ► OTHER HOUSEHOLD INFORMATION (If you need additional space, please attach a separate paper.)

<input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone in your household disabled? If yes, please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes, explain here and attach a statement from the person stating how often and the amount:
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you or has any member of your household ever been arrested or convicted of any crime (misdemeanors, felonies, etc.)? If yes, please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets?
Is there any other information you would like us to know about your household?

## ► ACCOMMODATIONS If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.

<input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?
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Upon request: Missoula Housing Authority will provide reasonable accommodations to people with disabilities or other needs, please ask admissions technician or talk with your program specialist when assigned.

► **CURRENT EMPLOYMENT INFORMATION** *(If you need extra space submit a separate form.)*

**Yes**, someone in my household is employed.  **No**, no one in my household is employed.

Name of household member	Name of employer(or self-employed)	Employment start date	Employer's address	Employer's phone number	Employer's fax number

► **ASSETS** *List all assets held or owned by every person who will be part of this household. (If you need extra space submit a separate form.)*

**Yes**, someone in my household has assets.  **No**, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
		\$	%		
		\$	%		

**Yes**  **No** Have you sold an asset/property for less than market value in the last two years? If yes, provide an explanation on a separate piece of paper.

► **STUDENT INFORMATION** *List information only for household members who are 18 years old or older. (If you need extra space submit a separate form.)*

**Yes**, an adult in my household is a student.  **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

► **CHILD DEDUCTIONS** *List all expenses that you pay out of pocket for child care and anticipate to continue payments for the next 12 months. (If you need extra space submit a separate form.)*

**Yes**, someone in my household has these expenses.  **No**, no one in my household has these expenses.

Child care expense	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
For work, looking for work or attending school				\$

**Yes**  **No** Medical Expense: If yes, and your household are eligible to have medical expenses deducted from your income, complete a Medical Release of Information form. **(Attached)**

**Yes**  **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

► **CERTIFICATION** I have read all enclosed forms and I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Missoula Housing Authority within ten (10) days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Missoula Housing Authority. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Missoula Housing Authority programs.

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-head signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member (age 18+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member (age 18+)

\_\_\_\_\_  
Date