

# Personal Declaration

## Bossier Parish Section 8 Housing Authority

Street Address:	Home Phone:
City, State, Zip:	Cell Phone:
Email:	Work Phone:
Emergency Contact:	Emergency Phone:

This is a declaration for a federally subsidized rental assistance program that is based on income and household composition. Intentional misrepresentation is considered FRAUD and is punishable by fines and/or imprisonment. I, the undersigned, authorize release or verification for the information supplied on this application. By signing this declaration, I agree that a criminal background check may be obtained on all adult members of my household, which includes records on Felonies, Misdemeanors, Arrests, Charges, Citations, or Convictions.

YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD.

**Household Members - List Head of Household FIRST** *(SS# and birth record for new eligible members must be attached)*

Name as it appears on SS Card	Date of Birth mm/dd/yyyy	Age	Relationship to Head	Race	Sex	Social Security Number Enter 9 numbers (No dashes needed)
1			<b>HEAD</b>			
2						
3						
4						
5						
6						
7						
8						
9						

You or a household member has a social/caseworker or other person that helps you with your housing paperwork.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Organization \_\_\_\_\_

You or a household member has a La Cafe Account *(printout required or user/password may be included)*

Verification of Child Support or Welfare thru the State of Louisiana can be accessed with a La Cafe' ACCOUNT.

LOGON: USER \_\_\_\_\_ Password \_\_\_\_\_

**Report ALL changes in income and household composition, in writing, within TEN days.**  
**If you do not report all income, assistance will end, and you must repay. It's the law!**

Do you or anyone in the family receive any of the following examples? Show in the “Income” section below. Documentation must be provided and must be less than 60 days old

- AFDC

FITAP

SS

WORKER’s COMP
- ALIMONY

KINSHIP CARE

SSI
- CHILD SUPPORT

PELL GRANT

STUDENT LOAN

CONTRIBUTIONS
- DISABILITY INCOME

PENSION

TANF
- EMPLOYMENT WAGES

RETIREMENT

UNEMPLOYMENT

Someone pays any family bills or expenses, gives you or any family member money or helps in any way  
You or a family member, 18 or older, attends school? (High School, College, Technical School, etc.) Provide school schedule.

Income (Check stubs or proof must be attached)

Who has Income?	Source of Income?	Hourly Wage?	Hours per Week?	How often Paid?	Gross Amount before taxes

Social Security printouts are available online (with account setup) at [www.SSA.gov](http://www.SSA.gov).

If you or your spouse, who is elderly or disabled, have medical expenses, please provide proof of expense/costs. I understand that I may not claim medical expenses for which I receive reimbursement.

If a family member is a child under 13 years old and is in childcare, provide a statement from the provider with name, address, phone number, how often and how much is paid by the family. *Any reimbursed childcare expenses must be reported!*

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from admission or participation. It may also be grounds for denial or termination of assistance. I also understand that ANY CHANGES in the household income, assets or composition must be reported to the Bossier Parish Section 8 Housing Authority in WRITING IMMEDIATELY. I understand that all materials furnished become the property of Bossier Parish Section 8 Housing. I do hereby certify that the above information is true, accurate and complete to the best of my knowledge.

Signature of Head of Household

Date