

# RESIDENT PERSONAL DECLARATION

*Please fill out the front and back of this form completely. This will help to avoid delays in this process.*

## 1. RESIDENT INFORMATION

Tenant's Name: _____	Home Phone #: (____) _____ - _____
Mailing Address: _____	Work Phone #: (____) _____ - _____
_____	Message/Cell: (____) _____ - _____
City	State
_____	Zip

## 2. HOUSEHOLD COMPOSITION

List yourself as "head" and then list all other persons living in your home. If there are more than 8 children and/ or other people in your household, attach the additional names on a separate sheet.

Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Yes/No
Head					
Spouse					
1					
2					
3					
4					
5					
6					
7					
8					

## 3. DEDUCTIONS FOR CHILD CARE / TRAVEL / FOSTER CHILDREN / ELDERLY / DISABLED

**A.** If you are paying for child care list the name / address / phone # of provider (*you may claim child care costs for children under the age of 13 years*):

Providers Name	Address	City	State	Zip	Phone #
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**B.** If you travel more than 25 miles 1 way to work, school, or for medical reasons, fill out the following:

Name of Person Traveling	Travel From	Travel To
How Many Miles Traveled (1 Way): _____	How Often (# of days per week or month): _____	

**c.** If you or your spouse is not elderly but disabled, list names: (*elderly is 62+ years*)

\_\_\_\_\_

**D.** If you have foster children in your home and receive assistance for them list their names: (*this income is exempt*)

\_\_\_\_\_

## INCOME INFORMATION

### LIST ALL INCOME FOR EACH ADULT FAMILY MEMBER

Include FULL name, address and phone number of company or person(s) that you are receiving your income from

	_____ (____) _____ - _____
<i>Name of Person Receiving Income</i>	<i>Name of Income Source</i> <i>Phone No.</i>
<input type="checkbox"/> <i>check if this income is per capita</i>	_____
	<i>Address</i> <i>City</i> <i>State</i> <i>Zip</i>
	_____ (____) _____ - _____
<i>Name of Person Receiving Income</i>	<i>Name of Income Source</i> <i>Phone No.</i>
<input type="checkbox"/> <i>check if this income is per capita</i>	_____
	<i>Address</i> <i>City</i> <i>State</i> <i>Zip</i>
	_____ (____) _____ - _____
<i>Name of Person Receiving Income</i>	<i>Name of Income Source</i> <i>Phone No.</i>
<input type="checkbox"/> <i>check if this income is per capita</i>	_____
	<i>Address</i> <i>City</i> <i>State</i> <i>Zip</i>
	_____ (____) _____ - _____
<i>Name of Person Receiving Income</i>	<i>Name of Income Source</i> <i>Phone No.</i>
<input type="checkbox"/> <i>check if this income is per capita</i>	_____
	<i>Address</i> <i>City</i> <i>State</i> <i>Zip</i>