

# SC State Housing Finance and Development Authority

Housing Choice Voucher Program, 300-C Outlet Pointe Blvd, Columbia, SC 29210 Fax # (803) 551-4900

## Family Declaration

This form must be completed in ink, in your own handwriting and signed by each **adult (18 or older) member** of the household. Please read each question carefully, answer each question completely and be prepared to verify items checked yes. **Providing false information may result in the loss of your rental assistance.**

### UNIT and HOUSEHOLD COMPOSITION

List yourself and all household members who reside with you. Be sure to include members temporarily away from home, including but not limited to dependents in foster care and military persons stationed away from home who have a spouse or dependent in the home.

**Please list the unit address, your mailing address and contact information for the family.**

Street Address		City	State	Zip
Mailing Address		City	State	Zip
Home Phone # (    )	Cell Phone # (    )	E-Mail Address		

**Please list household members starting with Head of household on line 1, then in order of oldest to youngest.**

**(Circle One)**

1	Name (First, MI, Last)	Social Security #	Relationship	Date of Birth	Age	Sex	Disabled
			Head of Household			M F	Y N
2						M F	Y N
3						M F	Y N
4						M F	Y N
5						M F	Y N
6						M F	Y N
7						M F	Y N
8						M F	Y N

**Do you anticipate any changes in the size of your household within the next 12 months?**

YES  NO

(Examples: a future spouse, minor entering the home through adoption, children returning from foster care, pregnant family member, etc.)

If yes, please describe any changes here: \_\_\_\_\_

### STUDENT STATUS

**Is any adult member (18 or older) of your household a full or part time student at an institute of higher education or still in high school?**

YES  NO

If yes, please list all information here:

Household Member	Name of School	School's Mailing Address, City, State, Zip	Financial Aid Received

How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_

### CHILD SUPPORT/ALIMONY INFORMATION

**Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if NO child support or alimony is being received?**

YES  NO

If yes, please list all information here:

Household Member	Absent Parent or Spouse	Family Court Mailing Address, City, State, Zip	Monthly Amount Received

**Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED? (Includes help from fathers or mothers for clothes, food, etc.)**

YES  NO

If yes, please list all information here:

Household Member	Absent Parent or Spouse	Absent Parent's Mailing Address, City, State, Zip, Phone #	Monthly Amount Received

## INCOME INFORMATION

The following questions apply to all household members, including minors and those temporarily absent from the home.

### TYPE OF INCOME

YES  NO **Is any member of the household employed?**

If yes, please list all information here:

Household Member	Employer Name, Mailing Address, City, State, Zip, Phone Number	Gross Monthly Income

YES  NO **Is any member of the household self-employed?** (Ex: beautician, barber, handyman, recycling, scrapping, etc.)

If yes, please list all information here:

Household Member	List Type of Work Performed	Gross Monthly Income

YES  NO **Does any household member receive payments from an Unemployment Agency?**

If yes, please list all information here:

Household Member	Agency Name, Mailing Address, City, State, Zip	Gross Weekly Amount

YES  NO **Does any household member receive severance pay or worker's compensation?**

If yes, please list all information here:

Household Member	Agency Name, Mailing Address, City, State, Zip	Gross Monthly Income

YES  NO **Does any household member receive any payments from the Social Security Administration?**

If yes, please list all information here:

Household Member	Social Security Type (Circle One)	Monthly Income
	SS SSI SSDI Survivor Benefits Other	
	SS SSI SSDI Survivor Benefits Other	
	SS SSI SSDI Survivor Benefits Other	
	SS SSI SSDI Survivor Benefits Other	

YES  NO **Does any household member receive payments from a pension, annuity, or retirement account including veteran's benefits?**

If yes, please list all information here:

Household Member	Agency Name, Mailing Address, City, State, Zip	Gross Monthly Amount

YES  NO **Does any household member receive Public Assistance such as TANF or SNAP (Food Stamps)?**

If yes, please list all information here:

Household Member	Assistance Type (Circle One)	Monthly Amount Received
	SNAP, TANF	
	SNAP, TANF	

YES  NO **Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utilities, food, pay bills for you, etc?** (Ex. family, friends, religious activities, etc.)

If yes, please list all information here:

Household Member	Name, Mailing Address, City, State, Zip, Phone Number	Monthly Amount/Value

YES  NO **Is there any other source of income you receive(d) that has not been listed above?** (Ex. lottery, inheritance, Insurance settlements, etc.)

If yes, please list all information here:

Household Member	Source, Mailing Address, City, State, Zip, Phone Number	Monthly Amount Received

YES  NO **Do you expect any changes in your household income *within the next 12 months*?**

If yes, please describe changes here: \_\_\_\_\_

## ASSET INFORMATION

The following questions apply to all household members, including minors and those temporarily absent from the home.

YES  NO

**Does any household member have a Checking, Savings, Certificate of Deposit or Money Market account?**

If yes, please list all information here:

Household Member	Type of Account	Institution Name, Mailing Address, City, State, Zip	Balance

YES  NO

**Does any household member have any Stocks, Bonds, Mutual Funds or Capital Investments?**

If yes, please list all information here:

Household Member	Type of Account	Institution Name, Mailing Address, City, State, Zip	Balance/Value

YES  NO

**Does any household member have an IRA, 401K or any other similar retirement account?**

If yes, please list all information here:

Household Member	Type of Account	Institution Name, Mailing Address, City, State, Zip	Balance

YES  NO

**Does any household member have a Trust Account?**

If yes, please list all information here:

Household Member	Type of Account	Institution Name, Mailing Address, City, State, Zip	Balance

YES  NO

**Does any household member own interest in real property?** (Ex: home, mobile home, land, rental property, etc.)

If yes, please list all information here:

Household Member	Type of Property	Location	Value	Mortgage Balance

YES  NO

**Has any household member disposed of any asset(s) within the last 2 years?** (Includes land, houses, mobile Homes, investments, etc.)

If yes, please list all information here:

Household Member	Type of Property	Disposed Date	Market Value	Disposed Amount

YES  NO

**Does any household member expect to receive any income from any asset they listed above?**

If yes, please list all information here:

Household Member	Asset Type and Institution Name	Anticipated Monthly Income

## EXPENSE INFORMATION

YES  NO

**Does any household member pay for child care that is not reimbursed?** (Children age 12 and below only)

If yes, please list all information here:

Household Member	Provider Name, Mailing Address, City, State, Zip, Phone Number	Monthly Amount Paid

YES  NO

**\*This question only applies to those families who's Head of Household, Spouse or Co-Head is elderly (62 or older) or disabled in accordance with the definition of the Social Security Administration.**

**Does any household member pay for medical expenses that are not reimbursed?** (Includes medical bills, prescriptions, medical insurance, disability assistance expenses, etc. Use additional page if necessary)

If yes, please list all information here:

Household Member	Source, Mailing Address, City, State, Zip, Phone Number	Monthly Amount Paid

YES  NO **Does any household member have an elevated Lead Blood Level?** (Lead poisoning from exposure to lead based paint or other lead products, **not** high blood pressure).

If yes, please list all information here:

Household Member	Individual/Agency Who Made the Determination	Date Identified

YES  NO **Has any household member ever been evicted from assisted housing?** (Public Housing, Section 8, etc).  
If yes, please list all information here:

Household Member	Housing Agency, Address, City, State, Zip	Eviction Date

YES  NO **Does any household member owe money or been required to repay money to any Housing Authority?**  
If yes, please list all information here:

Household Member	Housing Authority Name, Address, City, State, Zip	Date

YES  NO **Has any household member ever committed fraud in a federally funded program?**  
If yes, please list all information here:

Household Member	Program involved and Circumstances	Date

YES  NO **Has any household member been cited, arrested, is awaiting trial or convicted for any criminal activity other than misdemeanor traffic violations within the last five (5) years?**  
If yes, please list all information here:

Household Member	Charges, Current Disposition	Date

YES  NO **Is any household member required to register as a Sex Offender?**  
If yes, please list all information here:

Household Member	State, Address Where Registered	Registration Date

YES  NO **Does any member in your household have a disability and require special accommodation(s) in order to fully use our program and services?** (Please do not list medical conditions)  
If yes, please list name(s) and accommodation(s) needed. \_\_\_\_\_

**I / we certify, under penalty of perjury, that the above information is complete and correct.**

**Warning: 18 U.S.C. 1001** provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing 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 or imprisoned for not more than five years, or both.

**SC ST SEC 16-13-437.** It is unlawful for a person knowingly to make a false statement or representation with respect to the person's individual or family income to a public housing agency in obtaining or retaining public housing or with respect to the determination of rent due from the person for public housing. A person violating this provision is guilty of a misdemeanor and, upon conviction, must be imprisoned for not more than two years or fined not more than one thousand dollars and the person convicted must be ordered to pay restitution to the public housing agency.

Head of Household Signature		Date Signed	/	/
Other Adult Member Signature		Date Signed	/	/
Other Adult Member Signature		Date Signed	/	/
Other Adult Member Signature		Date Signed	/	/
Other Adult Member Signature		Date Signed	/	/

If you are a person with disabilities and require a reasonable accommodation to fully understand or utilize the program, please contact the Authority. SC State Housing Authority, 300-C Outlet Pointe Boulevard, ATTN: Voucher Program, Columbia, SC 29210 or Fax #(803) 551-4900. If using a Telecommunications Device for the Deaf (TDD), please call (803) 896-8831.

"Housing South Carolina Is Our Business"