



PERSONAL DECLARATION

If you need this document in a different language, LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 775-887-1795 or TTY: 800-545-1833 EXT. 545.

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS AND OLDER. Write N/A in any section that does not apply to you. Your eligibility for housing (or continued housing) is dependent on your family's honest and full completion of this form. The Nevada Rural Housing Authority (NRHA) is required to use the information you provide in this document to obtain verification of your family's income, assets, and allowances/deductions and household composition.

Physical Address: _____ Apt. #: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. #: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

HOUSEHOLD COMPOSITION: List all people who are living at the above address-attach an additional page if necessary

Note: For "Relation", please provide relationship to the head of household. (Examples: spouse, domestic partner, co-head, son, daughter, foster child/adult, live in aide or other adult, etc). Also, please use one of the following numbers to designate your "Race": 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; or 5-Native Hawaiian/Other Pacific Islander.

1. Head of Household								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
2. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
3. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
4. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
5. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
6. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		

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TDD: 800-545-1833 ext. 545 • nvrural.org • help@nvrural.org

This institution is an equal opportunity provider and employer



7. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
8. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		
9. Household Member								
Last Name		First Name		MI	Date of Birth	Age	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Alien Registration Number		

Live-In-Aide(s) must be listed as a member of the household, but will not be considered a remaining member of the household. Live-In-Aides do not have any rights to the unit, housing or assistance.

HOUSEHOLD INFORMATION

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? YES NO (if yes, please provide tenant declaration and social security card)

If yes, explain _____

2. Has your family size changed since your last re-examination? YES NO
3. Do you expect the number of household members to change in the future?

If yes, explain how many members will be added or reduced and when the change will take place.

4. Have any of the household members used names or a social security number other than the names and numbers used above? YES NO

If yes, explain _____

5. Do you have a child under the age of seven who has an elevated blood level? YES NO

If yes, explain _____

6. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime either felony or misdemeanor? YES NO

If yes, provide the nature of the crime(s): _____

Date: _____ **State:** _____ **City:** _____ **County:** _____

7. Have any household member(s) ever been convicted of the manufacture or production of methamphetamines on the premises of federally assisted housing? YES NO

If yes, please explain _____

8. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? YES NO

If yes, please explain _____

9. Do you or any member of your household have criminal charges pending now? YES NO

If yes, please explain _____

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends, or any other income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account(s)? YES NO

Household Member	Bank or Financial Institution	Balance	Annual Income from Asset

2. CD's money market accounts or treasury bills? YES NO

Household Member	Bank or Financial Institution	Balance	Annual Income from Asset

3. Stocks, bonds, or securities? YES NO

Household Member	Source	Amount	Annual Income from Asset

4. Trust funds? YES NO

Household Member	Source	Amount	Annual Income from Asset

Are any of the above listed trusts irrevocable? YES NO

5. Pensions, IRAs, 405Ks, 403Bs, KEOGH, or other retirement accounts? YES NO

Household Member	Source	Amount	Annual Income from Asset

6. Cash on hand? YES NO

Household Member	Amount

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? YES NO

Household Member	Source	Amount

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes a personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) YES NO

Household Member	Source	Amount

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does NOT include personal belongings such as your car, furniture or clothing.) YES NO

Household Member	Source	Amount

10. Do you have a safe deposit box containing contents with a monetary value? YES NO

If yes, explain: _____

11. Have you or any household member disposed, sold or given away any asset(s) within the past 2 years?

YES NO

Household Member	Description of Asset Disposed	Amount Received

INCOME INFORMATION

You must report income for ALL household members must be reported (including minors). Include GROSS income (before taxes or deductions) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

**** Note if you are a seasonal worker please include expected earnings from seasonal employment ****

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self -employment? Regular pay as a member of the Armed Forces?
(Include overtime, tips, bonuses, commission and payments received in cash.) YES NO

Household Member	Name of Company (or note if self-employed)	Amount

2. Unemployment benefits, Disability Payments, or worker’s compensation? YES NO

Household Member	Name of Company	Amount

3. Public Assistance, General Relief, Food Stamps, or Temporary Aid to Need Families (TANF)? YES NO

Household Member	Name of Agency	Amount

4. Social Security, SSI or any other payment from the Social Security Administration? YES NO

Household Member	Name of Agency	Amount

5. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? YES NO

Household Member	Source of Benefit	Amount

6. (a) Child Support or Spousal Support (alimony)? YES NO

Household Member	Source of Benefit	Amount

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? YES NO

Explanation: _____

7. Regular payments from a severance package? YES NO

Household Member	Source of Benefit	Amount

8. Regular payments from any type of settlement? (For example, insurance settlements) YES NO

Household Member	Source of Benefit	Amount

9. Disability, death benefits or life insurance dividends? YES NO

Household Member	Source of Benefit	Amount

10. Regular gifts or payments from anyone outside of the household? YES NO

(This includes anyone supplementing your income or paying any of your bills.)

Household Member	Source of Benefit	Amount

11. Educational grants, scholarships, or other student benefits? YES NO

Household Member	Source of Benefit	Amount

12. Regular payments from lottery winnings or inheritances? YES NO

Household Member	Source of Income	Amount

13. Regular payments from rental property or other types of real estate transactions? YES NO

Household Member	Source of Income	Amount

14. Any other income sources or types not listed above? YES NO

Household Member	Source of Income	Amount

15. Do you or any household member expect any change in income in the next 12 months? YES NO

If yes, explain: _____

16. Are YOU or is ANY OTHER ADULT member of your household claiming ZERO income? YES NO

If yes, who? _____

ADJUSTMENTS

1. Do you pay a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes? YES NO

If yes, are you reimbursed for any part of the money you pay? YES NO

Household Member who works or attends classes	Child under age 13 who is cared for	Amount	Name and Address of care provider

2. Are you or any other household member disabled? YES NO

3. Do you pay for care or equipment for a disabled family member so that either the disabled member or another member of your family may work? YES NO

If yes, explain: _____

If yes, are you reimbursed for any part of the money you pay? YES NO

3. COMPLETE ONLY IF THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD IS AGE 62 OR OLDER OR DISABLED

Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expense) YES NO

If yes, are you reimbursed for any part of the money you pay? YES NO

Household Member	Description of expense	Amount

ETHICS STATEMENT

The Nevada Rural Housing Authority requires that all tenant, prospective tenants, and employees provide the following information.

Do you have a business or personal relationship with any employee (or past employee) or board member of the Nevada Rural Housing Authority?

YES NO

If yes, please explain: _____

IMPORTANT NOTICE

All information provided on this document will be verified. It is your responsibility to provide all necessary information to properly process your paperwork and verify your eligibility. Failure to provide any required information may cause assistance to be delayed, denied or terminated.

Authorizations, Representations and Certifications

My signature, as noted and dated below, is confirmation that I do hereby authorize the Nevada Rural Housing Authority to obtain any information deemed necessary for the purposes of determining my eligibility for housing/assistance. I understand that the Nevada Rural Housing Authority may obtain third party verifications of those items related to my household income, assets, allowances/deductions, household composition, and criminal background.

I understand that the Nevada Rural Housing Authority is relying on information provided by me to prove my household's eligibility for housing/assistance under a program of the U.S. Government. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I consent to release the necessary information to determine my eligibility. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program. **WARNING:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the US.

ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

**IF YOU OR ANYONE IN YOUR HOUSEHOLD IS A PERSON WITH DISABILITIES, AND YOU REQUIRE AN ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE.
JENI Rios-SECTION 504 ACCESSIBILITY COORDINATOR. (775) 887-1795 EXT 107**