TOPEKA HOUSING AUTHORITY

TENANT DECLARATION

For Section 8 Voucher Holders Submitting a Request for Tenancy Approval (RFTA)
and Currently Assisted Families Reporting a Change

You must use the correct legal name for each member of your household. All adult members of the household must sign this form certifying the accuracy of the information about them. Please print.

I. HOUSEHOLD COMPOSITION: List all persons who are living in your home, listing head of household first.

FAMILY MEMBER (LEGAL NAME)	DATE OF BIRTH	FAMILY MEMBER (LEGAL NAME)	DATE OF BIRTH
1		6	
2		7	
3		8	
4		9	
5		10	

II. TOTAL HOUSEHOLD ANTICIPATED INCOME: List **all** sources of current and expectedincome for everyone living in your household. This includes money from wages, child support, self employment, contributions, Social Security, Disability payments (SSI/SSDI), Workers Compensation, retirement benefits, TAF, Veterans Benefits, rental property income, stock dividends, income from bank accounts, alimony, and **all other sources**.

Answer every question. For each "yes" answer, provide details.

____No ____Yes **Social Security:**
SSI/SSDI $_____ Name of recipient: _____

SSI/SSDI $_____ Name of recipient: _____

SS $_____ Name of recipient: _____

SS $_____ Name of recipient: _____

____No ____Yes **SRS:**
Cash $_____ Food Stamps: $_____

Name of SRS Caseworker: _____

____No ____Yes **Employed: (1st job or 1st adult)**
Name of person working: _____

Name of employer: _____

Address of employer: _____

Hours worked per week: _____Hourly Wage: $_____ Date Started: _____

____No ____Yes **Employed (2nd job or 2nd adult)**
Name of person working: _____

Name of employer: _____

Address of employer: _____

Hours worked per week: _____Hourly Wage: $_____ Date Started: _____

____No ____Yes **Child Support Ordered by the Court**

Receiving? (circle one)

Section8_ ___No ___Yes Court Order #: _____ Amount: $_____ weekly/biweekly/monthly

___No ___Yes Court Order #: _____ Amount: $_____ weekly/biweekly/monthly

County and State where Child Support is Ordered: _____

____No ____Yes **Pension/Retirement Benefits:**

Amount: $_____ Received from: Name _____
Address _____
City, State, Zip _____

____No ____Yes **Receive School Loans or Grants:**

Amount: $_____ Received from: Name _____
Address _____
City, State, Zip _____

____No ____Yes **Unemployment:**

Amount: $_____ per week Date of First Payment Received: _____
Date of First Week Claimed: _____

____No ____Yes **Per Capita:**

Amount: $ _____ # of times received per year: _____
Received from: _____

____No ____Yes **Other Income:**

Amount: $_____ Received from: Name _____
Address _____
City, State, Zip _____

____No ____Yes **Does anyone outside of your household pay for any of your bills or give you money on a regular basis?**

Amount: $_____ weekly/monthly (circle one)
Received from: Name _____
Address _____
City, State, Zip _____

Explanations for any of the above incomes if needed:

THE INCOME REPORTED ON THIS FORM WILL BE VERIFIED AND WILL BE USED FOR YOUR MOVE IN EVEN IF ACTUAL INCOME IS DIFFERENT WHEN YOU MOVE IN!

III. EXPENSES:

____No ____Yes **Do you pay for child care?** Amount you pay $_____ weekly/bi-weekly/monthly (circle one)

Child Care Provider Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #:_____

____No ____Yes **Elderly/Disabled only**: Do you have any new medical expenses that you pay out of your pocket that you have not already reported to the Housing Authority? If yes, please provide names and addresses of doctors or hospitals below. If you pay for prescription medicine, you will need to provide a computer print out from each pharmacy for the last twelve months.

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all** changes in the income of any family member of the household, and **all** changes in family composition must be reported to the Housing Authority **in writing within 30 days** of the change. I also understand that falsifying information can lead to my housing assistance being cancelled.

_____ _____
Signature of Head of Household Date Signature of Other Adult Date

_____ _____
Home Address Signature of Other Adult Date

_____ _____
Phone Number Home/Work THA Staff Date