

COMMUNITY HOMES HOUSING

AFFIDAVIT FOR HUD SUBSIDIZED RENTAL ASSISTANCE BENEFITS

10339 TWIN RIVERS ROAD, COLUMBIA, MD 21044

PHONE (410) 730-6595 – FAX (410) 715-0521

Please complete all sections of this affidavit and ANSWER all questions. The answers provided on this affidavit are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you.

ANY changes that take place after this form has been submitted to the Community Homes Housing (i.e. between annual certifications) **MUST** be reported in **WRITING** within **SEVEN** days of the event occurring. Failure to do so may constitute a violation of your obligations under the rental assistance program and result in program termination and/or criminal charges being filed against you.

WARNING: Making false statements on this affidavit is considered **FRAUD** and may result in **TERMINATION** from the program and **CRIMINAL PROSECUTION**.

HEAD OF HOUSEHOLD

| | | |
|----------------|------------|------------------------------------|
| Last Name | First Name | Home Phone Number () |
| Street Address | Apt Number | Cell Phone Number () |
| City | Zip Code | Work/Message Phone Number () |

A. FAMILY HOUSEHOLD COMPOSITION

- List **ALL** people living in your home.

List the Head of Household first followed by spouse/co-head then oldest to youngest household members.

| Full Name Exactly as appears on Social Security card | Age | Birthdate mm/dd/yy | Relationship to Head of Household | Sex M/F | * Race | ** Ethnicity | *** Marital Status | Social Security number | School currently attending |
|---|-----|-----------------------|--------------------------------------|------------|--------|--------------|--------------------|------------------------|----------------------------|
| 1) | | | SELF | | | | | | |
| 2) | | | | | | | | | |
| 3) | | | | | | | | | |
| 4) | | | | | | | | | |
| 5) | | | | | | | | | |
| 6) | | | | | | | | | |
| 7) | | | | | | | | | |
| 8) | | | | | | | | | |
| 9) | | | | | | | | | |

*Race: 1 = White, 2 = Black, 3 = American Indian or Alaskan Native, 4 = Asian/Pacific Islander

Ethnicity: 1 = Hispanic, 2 = Not Hispanic *Marital Status: S = Single, M = Married, SE = Separated, D = Divorced



| B. SEPARATED/DIVORCED Please list spouse or ex-spouse information | | | |
|--|---|---------------------|----------------|
| Spouse/Ex-spouse Full Name | Last Known Address (If unknown, write city and/or state) | Divorced? YES/NO | Year Separated |
| 1) | | | |
| 2) | | | |

| C. ABSENT PARENT(S) Please list absent parent(s) information for any of the children above. | | | |
|--|--------------------|--------------------|---|
| Child Name(s) | Absent Parent Name | Last Known Address | Any contact with absent parent? YES/NO |
| 1) | | | |
| 2) | | | |
| 3) | | | |

| D. STUDENT STATUS Please list all adult household members who are attending college or vocational school. • OFFICIAL SCHOOL TRANSCRIPTS WILL BE REQUIRED | | | | |
|--|---------------------------------|-------------------------|----------------------|----------------|
| Student Name | Part time or Full time Student? | School Name and Address | Financial Aid Amount | Type of Degree |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

SECTION II – HOUSEHOLD INCOME

Please answer each question below. You **MUST** disclose **ALL** sources of income for **all** people residing in your household.

Since completing your last housing certification, has your income or employment status changed? _____
If you answered “yes”, explain in detail including date(s) of change(s):

| A. SSI / PENSION / OTHER BENEFITS | | | YES/NO |
|---|-----------------------|---------------------------------|--------|
| Do you or any household member(s) receive Social Security/SSI benefits? | | | |
| Do you or any household member(s) receive pension, retirement benefits, or an annuity ? | | | |
| Do you or any household member(s) receive unemployment benefits or disability benefits ? | | | |
| Name of Household Member | Monthly/weekly amount | Name & address of Agency/Office | |
| | | | |
| | | | |
| | | | |



| B. EMPLOYMENT | | | YES/NO |
|---|--------------------------|-------------------------------------|-------------------|
| Do you or any household member(s) receive full/part-time job earnings or severance pay? | | | |
| Do you or any household member(s) receive cash, tips, or bonuses? | | | |
| Do you or any household member(s) receive military or reserve pay? | | | |
| Are you or any household member(s) self-employed? | | | |
| Do you or any household member receive income from ANY other source not listed above? If yes, list below | | | |
| Name of Household Member | Monthly Gross Pay | Name and Address of Employer | Start date |
| | | | |
| | | | |
| | | | |

| C. PUBLIC ASSISTANCE BENEFITS | | | YES/NO |
|--|-----------------------|------------------------|---------------|
| Do you or any household member(s) receive cash aid, welfare, food stamps, or other public assistance? | | | |
| Do you or any household member(s) receive adoption or foster care payments? | | | |
| Do you or any household member(s) receive in-home care for another person? | | | |
| Do you or any household member(s) receive transportation reimbursement? | | | |
| Name of Household Member | Monthly Amount | Type of Benefit | |
| | | | |
| | | | |

| D. CHILD SUPPORT OR ALIMONY BENEFIT(S) | | | | YES/NO |
|--|--|-----------------------|--|---------------|
| Do you or any household member(s) have an open child support case with a court? | | | | |
| Do you or any household member(s) receive child support office payments? | | | | |
| Do you or any household member(s) receive child support /alimony directly from an absent parent/spouse? | | | | |
| Does the absent parent purchase items for child(ren) such as clothing, food, formula, diapers, etc? | | | | |
| Name of Child | Absent Parent/Spouse name and Address | Monthly Amount | Cash Value of Purchases, clothing, food, formula, etc | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



| E. CONTRIBUTIONS | | | YES/NO |
|--|----------|------------------------|--|
| Does anyone outside your household give you money or pay your bills(s) for you? | | | |
| Does anyone outside your household buy you supplies such as groceries, etc? | | | |
| Does any organization help you pay a bill or expense? | | | |
| If you answered yes, please explain in detail: | | | |
| F. FEDERAL INCOME TAX | | | YES/NO |
| Did you or any household member(s) file a federal income tax return in the last 12 months? | | | |
| Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT to file a tax return? | | | |
| Were you or any household member(s) claimed as a dependent on someone else's taxes? | | | |
| Name of Household Member | TAX YEAR | Reason taxes not filed | Name of Person claiming family member as dependent |
| | | | |
| | | | |

SECTION III – ASSETS

Please answer each question below. If you answer “YES” please fill out information below for the household member(s) with that asset(s).

| A. ACCOUNT INFORMATION | | | YES/NO |
|--|-------------------|-----------------|----------------|
| Do you or any household member(s) have a savings or checking account? | | | |
| Do you or any household member(s) have stocks, bonds or certificate of deposit (CD)? | | | |
| Do you or any household member(s) have a money market fund/trust fund? | | | |
| Do you or any household member(s) have a retirement, 401K, federal thrift savings plan (TSP), IRA or Keogh account? | | | |
| Name of Household member | Company/Bank Name | Type of Account | Account Number |
| | | | |
| | | | |
| | | | |

| B. PROPERTY | | YES/NO |
|---|---------------|--------|
| Do you or anyone in your household own or have an interest in commercial or residential real estate or mobile home? | | |
| Have you or anyone in your household sold any real estate in the last two years? | | |
| Name of Household member | Type of Asset | Value |
| | | |
| | | |

| C. LUMP SUM INCOME | | | YES/NO |
|---|--------|------|----------------|
| Did you or any member of your household receive a large sum of money from any source within the last 12 months? | | | |
| Name of Household member | Amount | Date | Type of Income |
| | | | |
| | | | |



SECTION IV – VEHICLES AND CREDIT CARDS

Please answer each question below. If you answer “YES” please fill out information below for the household member(s).

| A. VEHICLES BEING USED BY YOUR HOUSEHOLD | | | | YES/NO |
|---|---------------------------|------|----------------------|-----------------|
| Do you or any household member have a vehicle(s) registered to him/her? | | | | |
| Do you or any household member have use of <u>any</u> vehicle(s) that is not registered to him/her? | | | | |
| Name of Registered Owner | Make and Model of Vehicle | Year | License Plate Number | Monthly Payment |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| B. CREDIT CARDS AND LOANS | | | | YES/NO |
|---|--------------------|-----------------|-------------------------------|-----------------|
| If you need additional space to answer the question, you may use another sheet of paper and attach it to this form. | | | | |
| Do you or any household member have a Visa, Master Card, Discover, or American Express? | | | | |
| Do you or any household member have a department store, furniture store, or jewelry store account? | | | | |
| Do you or any household member have an auto loan, bank loan, credit union loan, or personal loan? | | | | |
| Name of household member | Creditor/Bank Name | Account balance | Delinquent or in collections? | Monthly payment |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION V – EXPENSES

Please answer each question below. If you answer “YES” please fill out information below for the household member(s) with that expense(s).

| A. CHILD CARE EXPENSES | | | | YES/NO |
|--|--------------------|---------------------------|-------------------------------------|--------|
| Do you pay childcare for a child 12 and under to go to work or to school? | | | | |
| Do you pay for care equipment for a household member with a disability for you to go to work? | | | | |
| If yes , is the childcare expense paid for by an agency or by another person outside of your household? | | | | |
| Name of child or disabled member | Monthly Child care | Child care providers name | Name of Agency if paid by an agency | |
| | | | | |
| | | | | |



| B. MEDICAL EXPENSES | | YES/NO |
|--|--|--------|
| Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months? | | |
| If yes, how much \$ | | |

| C. HOUSEHOLD EXPENSES | | | | | |
|--|----|-----------------------|----|-------------------------|----|
| <ul style="list-style-type: none"> List the MONTHLY average amount ALL household members pay for each of the following. If the expense does not apply to you write NO or NONE. Do not leave any spaces blank | | | | | |
| Rent | \$ | Car payment | \$ | Loan payment | \$ |
| Gas | \$ | Gasoline for car | \$ | Credit cards | \$ |
| Electricity | \$ | Car insurance | \$ | Life insurance | \$ |
| Water | \$ | Car maintenance | \$ | Medical bills | \$ |
| Trash & Sewer | \$ | Public transportation | \$ | Medical insurance | \$ |
| Cable/Internet | \$ | Childcare | \$ | Groceries/Food | \$ |
| Telephone | \$ | Cell phone | \$ | Other/Personal Spending | \$ |

TOTAL MONTHLY EXPENSES

SECTION VI – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer “YES” please fill out information below for that household member(s).

| A. HOUSEHOLD INFORMATION | YES/NO |
|---|--------|
| 1) Is there a household member(s) claiming a disability? | |
| If yes, please explain any requested accommodation(s): | |
| 2) Is any household member temporarily absent from the home? Away at school or military service, etc | |
| 3) Has any household member been out of the subsidized unit for more than 30 consecutive days in the past 12 months? | |
| 4) Does any household member have any minor children that do not live in the home? | |
| If yes, please explain: | |
| 5) Are you or anyone in your household currently or ever been on parole or probation ? | |



| | |
|--|--|
| 6) Have you or anyone in your household ever been cited, arrested, charged, or convicted of ANY crime (misdemeanor and felony) other than traffic violations? <u>If yes, list in detail, regardless of date of offense:</u> | |
| 7) Are you or anyone in your household subject to registration as a sex offender ? If yes, list name of registrant and complete address where currently registered: | |
| 8) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? If yes, please give name(s) and/or Social Security number(s): | |
| 9) Have you ever received or lived in any other assisted housing elsewhere? If yes, list in detail date(s) and location(s): | |
| 10) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program? If yes, list date and all details: | |
| 11) Does anyone not listed as a household member on this affidavit receive mail at your residence or claim it as their residence on ANY legal document (driver's license, vehicle registration, government assistance benefits, school, probation/parole, court supervision, tax forms, police reports, work, etc.)? If yes, list name of person(s) and actual address where they reside. | |

| B. CONTACTS Please list information below for two relatives or friends who generally know how to contact you. | | | |
|--|--|-----------------------|--|
| Name | | Name | |
| Relationship | | Relationship | |
| Phone Number | | Phone Number | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |

SECTION VII – CERTIFICATION OF AFFIDAVIT

I/We have received, read, and understood a copy of the Family Obligations. I/We hereby certify that I/we understand my/our responsibilities to the Community Homes housing and I/we further acknowledge and understand that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

In addition, I/We understand that ALL changes in the income of ANY member of the household MUST be reported to the Community Homes Housing within seven (7) days of occurrence. Also I understand that the Community Homes Housing must approve ANY additional household members BEFORE they move in. The head of household must request in writing to add or to remove any member.

(ALL adult household members must initial that they have read and understand the above statements.)



