



Please complete all sections on all 10 pages.

Marketing Declaration Form

Name: _____ Social Security #: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail address _____

| | |
|----------------|---|
| Part A: | Information about members of the household |
|----------------|---|

List all persons, adults and children, who will be living in the home. Begin with the head of household. Include live-in aides, all other adults and children. Each box must be completed for each member.

| Family Member Name | Married? Y/N | Relation to head | Disabled? Y/N | Sex M or F | Date of Birth |
|--------------------|-----------------|---------------------|------------------|---------------|------------------|
| 1. | | HEAD | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Race of the Head of Household: (Check all that apply-used for statistical purposes only)

White Black American Indian/Alaskan Native Asian Native Hawaiian/Other

Ethnicity of Head of Household: (Check one)

Hispanic or Latino Non Hispanic or Latino

Primary Language of Head of Household: _____

Does the Head of Household speak English?

Well Not Well Not at all

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Please answer the following questions about all members of the household, including live-in aides:

1. Does anyone in your household receive child support payments? Yes No
If Yes, how much do they actually receive \$ _____ **per week or month** (please circle frequency)
If you are receiving multiple support payments, list the names of the children and the amounts received:

2. Do you have primary physical custody of all the children in the household? Yes No
If you share custody with someone for any child in the household, submit a copy of the custody arrangement.
3. If you are not the parent of any child in the household, check the appropriate boxes below and provide the required documentation:
 - Adopted or court awarded custodial child
 - o **Please provide:** Verification of Adoption or court awarded custody (if applicable)
 - o **Please provide:** Income verification of any income received by or on behalf of the child
 - No household member has legal custody/guardianship
 - o **Please provide:** Authorized representative Declaration or official guardianship paperwork from court.
 - o **Please provide:** Income Verification for any income received by or on behalf of the child
4. Is there anyone not listed who is temporarily absent from the home? Yes No
If Yes, who? _____
5. Do you expect anyone to move in or out of your household within the next twelve months? Yes No
If Yes, who? _____
6. Does anyone outside of your household pay for any of your bills or expense? Yes No
If Yes, what bills and how often? _____
7. Have you ever used a name or Social Security number other than the one you are using now? Yes No
If Yes, what name did you use? _____
8. Have you ever received rental assistance under Public Housing, the Section 8 Certificate or Voucher program before? Yes No
If Yes, when? _____ Under what name? _____
What Housing Authority? _____ Where? _____
Assistance received under what Head of Household name? _____
9. Do you owe any money to a Housing Authority? Yes No
If Yes, give name and address of the Housing Authority: _____
10. Have you ever been evicted from housing assisted under the program? Yes No
If Yes, give the name of the Housing Authority and the dates: _____
11. Have you ever been terminated from the Section 8 certificate or voucher program? Yes No
If Yes, who, when and where? _____
12. Have you ever been evicted from federally assisted housing for drug-related criminal activity? Yes No
If Yes, when and from what Housing Authority? _____

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13. Are any adult household members (over 18 years of age) full-time or part-time students? Yes No
 If No, skip to question 14. If Yes, name of student: _____
 Name of Institution of higher learning: _____
 If Yes, are they a veteran? Yes No
 If Yes, are they over 24? Yes No
 If Yes, do they have dependents? Yes No

14. Have you or anyone in your household ever been arrested for or convicted of a drug related crime? **(Drug related criminal activity is defined as the illegal possession, use, manufacture, sale, or distribution of a drug).** Yes No
 If Yes, which family member, what drug related crime, when and where? _____

15. Have you or anyone in your household ever engaged in a violent criminal act, or been arrested for or convicted of participation in a violent crime? **(Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage including but not limited to murder, manslaughter, assault, sexual offenses committed against children under 18, rape, burglary, robbery, arson and kidnapping).** Yes No
 If Yes, which family member, what violent criminal activity when and where?

16. Are any members of your household subject to the registration requirement under the state sex offender registration law either for lifetime registration or for a lesser time? Yes No
 If Yes, which family member? _____

17. Have you ever committed any fraud in a federally-assisted housing program (Public Housing or Section 8 Certificate or Voucher) or been requested to repay money for knowingly misrepresenting information for such housing program? Yes No
 If Yes, who, when and where? _____

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| Part B: | Present and Previous Housing Information |
|----------------|---|

List the names, addresses and phone numbers of where you currently live and your most recent landlord.
 (Note: Our Administrative Plan states that NH Housing will provide this information to potential owners if asked)

Current Landlord _____ Phone: _____
 Address _____

Previous Landlord _____ Phone: _____
 Address _____

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| Part C: | Information about Assets of all Members of the Family |
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Definition of an asset: an asset is something of value that can be converted to cash.

For every type of asset listed in this section, please send in copies of statements for yourself and anyone that lives with you (except live-in aides). This means you have to send in copies of bank statements, statements showing current value of CDs, IRAs, trusts, annuities, stocks/bonds or any other interest-bearing account. Also, please send in a copy of the current face value and cash value of all life insurance policies except for term insurance.

The copies must be of statements dated within the last 60 days.

1. Have you given away or sold any assets such as mobile home, real estate, house, stocks or bonds, savings accounts, checking accounts, or certificates of deposit within the past two (2) years? Yes No
 If Yes, value? _____ Date given/sold: _____
 What did you do with the asset listed above or the money you received for it? _____

1. Do you or any family member, including anyone under 18 years of age, have any of the following? Include all accounts and any joint accounts. Please list in the boxes below.

Savings account?..... Yes No Checking account? Yes No
 Certificate of Deposit?..... Yes No Money market? Yes No

Warning: Title 18, Section 1001 of The United States 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 United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Current Accounts:

| Family Member Name | Type of account (Savings, Checking, CD, or Money Market) | Bank Name | Account Number | Balance |
|--------------------|--|-----------|-------------------|---------|
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Do you or any family member own or have access to any of the following? If yes, please list in the boxes below. Provide copies of statements or copies of bonds.

- Stocks?..... Yes No
- Bonds?..... Yes No
- Real Property (land)?..... Yes No
- Trust Funds?..... Yes No
- Pensions or Annuities?..... Yes No
- IRA?..... Yes No
- Inheritances?..... Yes No
- Life Insurance Policy?..... Yes No

Is the life insurance policy a term policy or a whole life policy? (Please circle the type that applies)
 Any other type of capital investment?..... Yes No

| Family Member Name | Type of Asset | Account Number | Value |
|--------------------|---------------|----------------|-------|
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Part D: Information about the Income of Members of the Family

For every type of income listed in this section for yourself and anyone that lives with you (except live-in aides) please send in copies of 4 weeks of pay stubs, unemployment check stubs, disability payment or worker’s compensation. Also, send in a Social Security benefit award letter and if you do not have one dated within the last 60 days, please call 1-800-772-1213 to request one. Send in copies of Veteran’s Benefits award letters, statements of self-employment earnings, printouts of benefits received through Department of Health and Human Services for TANF, APTD, FAP, or OAA, or statements regarding regular payments from retirement accounts or trust funds. You can request proof of your DHHS benefits on-line. The copies mentioned above must be of statements dated within the last 60 days.

1. Do you or any member of the family receive or expect to receive any of the following during the next twelve (12) months?

**Must Check
Yes or No**

- Wages, salaries, tips, fees or commissions from an employer? (full or part time)..... Yes No
- Social Security or Social Security disability?..... Yes No
- Aid to the Permanently and Totally Disabled (APTD) payments?..... Yes No
- Disability benefits? Yes No
- TANF payments? Yes No
- Child support payments?..... Yes No
- Unemployment compensation?..... Yes No
- Worker’s compensation? Yes No

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- Money from self-employment, including Mary Kay, Ebay, Avon, etc.? Yes No
- Income from the operation of a business or profession? Yes No
- Regular gifts from anyone?..... Yes No
- How much \$_____ **per week or month** (please circle frequency)
- From whom? _____
- Income from pensions?..... Yes No
- Income from annuities?..... Yes No
- Periodic payments from insurance policies?..... Yes No
- Periodic payments from retirement funds?..... Yes No
- Periodic payments from death benefits?..... Yes No
- Interest, dividends or other income from real or personal property?..... Yes No
- Old Age Assistance (OAA) payments? Yes No
- Aid to the Needy Blind (ANB)? Yes No
- Alimony payments? Yes No
- Regular contributions from an organization? Name of organization _____ Yes No
- Regular or special military pay? Yes No

2. List the sources and amounts of all income (money) expected for the next 12 months for all family members (including yourself) from any and all sources identified in question 1 above.

| Family Member Name List all family members who receive income | Name and address of employer or list income source (such as TANF, Social Security or Child Support.) | Amount \$ | Frequency Circle One | | |
|---|---|-----------|-------------------------|-------|------|
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |
| | | | Week | Month | Year |

Warning: If you have not listed any income above, you are certifying by signing the certification on page 10 that there is no money coming into the household.

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Part E: Information about Household Expenses

For any expenses listed in this section, please send copies of statements dated within 60 days or receipts that verify that you paid someone to care for your child or disabled adult so you could work or further your education.

Does any family member have expenses for child care of a child age 12 or younger?.....Yes No

| Child's Name | Child Care Provider | | | Amount Monthly |
|--------------|---------------------|---------|--------------|----------------|
| | Name | Address | Phone Number | |
| | | | | |
| | | | | |
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3. Is any portion of these child care expenses reimbursed from an outside agency or person? Yes No
 If Yes, how much is reimbursed per month?\$_____

3. Do you pay a care attendant to provide care for a disabled family member in your household so that an adult family member can work? (Could be the person with disabilities) Yes No
 If yes, what is the anticipated monthly cost?\$_____

Please provide documentation (can be a monthly statement you receive) with the contact information for the care attendant or agency used so that a deduction can be determined for this expense.

4. Are you paying for any type of equipment for a disabled family member in your household that enables an adult household member to work? (Could be the person with disabilities) Yes No
 If yes, what is the anticipated monthly cost?\$_____

Part F: Medical Expenses

Only complete these questions if the head, spouse or co-head is 62 years or older or if head, spouse or co-head is disabled. Otherwise, skip to Part F.

For every type of expense listed in this part, please send in copies of statements for yourself and anyone that lives with you. Send in pharmacy printouts that cover the last twelve months, health insurance premium bills, and Medicare Part D premium letters. Also provide copies of paid receipts for doctors and hospital visits. Please do not provide copies of unpaid bills. Only medical bills that you have actually paid will be used as deductions.

The copies mentioned above must be of statements dated within the last 60 days.

1. Are you, or any member of the family, currently paying for any of the following on a monthly basis?
- Prescriptions?.....Yes No
 - Medical insurance premiums?Yes No
 - Long term care insurance?.....Yes No
 - Past due medical bills?.....Yes No (That you are currently making payments on)
 - Other anticipated medical expenses?.....Yes No

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2. Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months, which are listed in question 1.

| Family Member Name | Type of Expense | List name of pharmacy, insurance company, hospital, etc. | Monthly Amount |
|--------------------|-----------------|--|----------------|
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3. Do you or any member of the family have any medications that are prescribed by your physician as over the counter medical expenses? Yes No

If No, skip to question 4. If Yes, fill in information below.

- Household member name _____
- What is your average monthly cost for those expenses? \$_____

Prescribed over the counter medical expenses will have to be verified with your Physician.

Please provide the Physician's name and address here:

- Physician's name: _____
- Physician's address: _____

4. Have you enrolled in a Medicare Prescription drug plan (Medicare Part D)? Yes No

If No, skip to Part F on page 9. If Yes, fill in information below.

If Yes, are you required to pay a Medicare part D prescription premium?

Yes No

If Yes, provide us with a copy of the card issued by your provider. Amount?\$_____

Additional Space

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Part F:**Family Income Exclusion**

HUD requires that any income received from the following categories be declared. Please read the list and fill in any lines that apply.

EXCLUSION**MONTHLY AMOUNT**

| | |
|---|----------|
| Food Stamps (SNAP) Supplemental Nutrition Assistance Program | \$ _____ |
| Fuel Assistance (yearly amount)..... | \$ _____ |
| Earned Income Tax Credit (yearly amount) | \$ _____ |
| Assistance for School lunches or WIC | \$ _____ |
| Wages to children under 18, including foster children. Child's Name: _____ | \$ _____ |
| Payments received for care of foster children or foster adults..... | \$ _____ |
| Lump sum payment of Social Security, SSI benefits or Veterans disability benefits | \$ _____ |
| Lump sum additions to family assets (inheritances, capital gains, insurance payments, etc) | \$ _____ |
| Temporary, non-recurring or sporadic income | \$ _____ |
| Title V of the Older Americans Act (SCSEP, Green Thumb, AARP, NCOA, ABLE, US Forest Services, NCBA, Senior Aides)..... | \$ _____ |
| Volunteering for VISTA, RSVP, Senior Companions Program or Domestic Volunteer Services | \$ _____ |
| Income of a live in aide..... | \$ _____ |
| Resident Services Stipend..... | \$ _____ |
| Developmental Disability Care Payment..... | \$ _____ |
| Refunds and rebates for property taxes paid under state or local law | \$ _____ |
| PASS (plan for achieving self-support) | \$ _____ |
| Amounts received from a publicly assisted program that is specifically for reimbursement of out-of-pocket expenses to allow participation in the program..... | \$ _____ |
| AmeriCorps Living Allowance, earnings and payments | \$ _____ |
| Student financial assistance under Title IV of the Higher Education Act of 1965 including work study, grants and other amounts received by a student who is either living with his or her parents in an HCV household or is at least 23 years old and has a dependent child | \$ _____ |
| Child Care provided or arranged under the Development Block Grant Act of 1990 | \$ _____ |
| Amount of compensation received from the Victim of Crime Act | \$ _____ |
| Payments from any deferred Department of Veterans Affairs disability benefits | \$ _____ |
| Agent Orange Settlement..... | \$ _____ |
| Reparation Payments paid by a foreign government for a person persecuted during the Nazi era | \$ _____ |
| Major disaster and emergency assistance under Robert T. Stafford Disaster Relief and Emergency Assistance Act | \$ _____ |
| HUD funded training programs | \$ _____ |

| | |
|---|----------|
| Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for the family | \$ _____ |
| Student financial assistance in excess of tuition or work study paid directly to the student or to the school | \$ _____ |
| Special military pay for exposure to hostile fire..... | \$ _____ |
| Incremental earnings and benefits from qualifying employment training programs..... | \$ _____ |
| Earnings of a full time student over 18 years of age..... | \$ _____ |
| Adoption Assistance Payments..... | \$ _____ |
| Payments received by Native Americans, including but not limited to the Alaska Native Claims Settlement Act, Maine Indians Claims Settlement Act of 1980 or the Claims Resolution of 2010 | \$ _____ |
| Compensation received by or on behalf of a veteran for service related death, dependency, indemnity compensation or service connected disability under NAHASDA | \$ _____ |

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Review all pages to make sure that:

- **All Yes or No questions have been answered.**
- **All information is accurate and you can certify:**
 - All of the information I have provided on this Personal Declaration Form is true and complete.
 - All the information provided for everyone who lives with me, regarding family income, family assets, items for allowances and deductions, as well as criminal activity, is accurate and complete.

I understand that:

- I am required to notify the housing authority in writing within 5 days if there is any change of income, expenses or household composition, including birth, adoption or court-awarded custody. An interim change form can be requested from my Rental Assistance Manager by calling 1-800-439-7247, going online at www.nhhfa.org, or I can write a letter or send an e-mail.
- I cannot permit anyone to move into my unit without prior approval of the housing authority and my landlord. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.
- If I am going to be absent from my home for a period over 30 days I have to follow the process as stated in the Administrative Plan. I need to contact my Rental Assistance Manager to ask for a copy of that process if I plan to be absent.
- I am required to notify the housing authority in writing within 5 days if any member of the family moves out of the unit.
- Any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is guilty of a crime under Federal and State law.
- Any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program and may be grounds for termination of assistance.
- The income information provided is subject to verification through computer matching with other federal agencies through HUD's Enterprise Income Verification (EIV) process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security income.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of any other adult over 18 years of age

Date

Signature of any other adult over 18 years of age

Date

Warning: Title 18, Section 1001 of The United States 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 United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Learn more about the GOAL Program! If you are working or able and willing to work, even part-time, there are benefits from participating. As your income goes up and your rent increases, most of that amount you pay because of an increase in earned income will be deposited into an escrow account for you. You receive the money once you successfully complete the GOAL program. Call Joan at 1-800-439-7247, ext. 9297 or e-mail her at jgoeckel@nhhfa.org for more info.

(12/2015)