



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.		<b>HEAD</b>			
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

**OVER →**

**NEW HAMPSHIRE HOUSING FINANCE AUTHORITY**

32 Constitution Drive, Bedford, NH 03110  
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623  
NHHFA.org



**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? \_\_\_\_\_

**OVER →**

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? \_\_\_\_\_

<b>Part B:</b>	<b>Present and Previous Housing Information</b>
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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 \_\_\_\_\_

**OVER →**

<b>Part C:</b>	<b>Information about Assets of all Members of the Family</b>
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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

Additional Space is available on page 8

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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

**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.**

**OVER →**

<b>Part E:</b>	<b>Information about Household Expenses</b>
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**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	

**Additional Space is available on page 9**

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? .....\$ \_\_\_\_\_

<b>Part F:</b>	<b>Medical Expenses</b>
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**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

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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**OVER →**



**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 .....	\$ _____

**OVER →**

**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](http://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.

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**Signature of Head of Household**


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**Date**


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**Signature of Spouse or Co-Head**


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**Date**


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**Signature of any other adult over 18 years of age**


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**Date**


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**Signature of any other adult over 18 years of age**


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**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 Nicole at 1-800-439-7247, ext. 9297 or e-mail her at [nbingham@nhhfa.org](mailto:nbingham@nhhfa.org) for more info.

(3/2019)