



# HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

## PERSONAL, INCOME, AND ASSETS DECLARATION

NOTE: This form must be completed in your own handwriting. You must use the legal name for each member of your household. All adult members of the household must sign certifying the information pertaining to them is correct. PLEASE PRINT.

HOUSEHOLD COMPOSITION: List all persons who will be in your household, listing the head of household first.

	Name	Date of Birth	Social Security Number	M/F	Relationship	Race	US Citizen?	Student?
1.					Self			
2.								
3.								
4.								
5.								
6.								

Current Home Address:

\_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_

Phone Numbers: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of an Emergency: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you need a handicapped accessibility unit?  YES  NO

TOTAL HOUSEHOLD INCOME: List all monies earned or received by everyone in your household. THIS INCLUDES WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, FAMILY SUPPORT, SOCIAL SECURITY, SSI, PENSIONS, VA BENEFITS, WORKMEN'S COMP, AFDC UNEMPLOYMENT, ALIMONY, ETC.



Employment and Government Assistance:

Name	Wages	AFDC	VA	SSI/Soc. Sec.	Pension

Other Assistance:

Name	Child Support	Family Assistance	Friend Assistance	Other Assistance Source	Other Assistance Amount

Assets:

Name	Investments	Income Property	Insurance Policy	Trust Fund	Other (specify)

I/We certify that my/our savings account balance is \$\_\_\_\_\_ and my/our checking account balance is \$\_\_\_\_\_. (If no accounts, mark NONE.)

Savings account # \_\_\_\_\_ Bank Name \_\_\_\_\_

Checking account # \_\_\_\_\_ Bank Name \_\_\_\_\_

Other account # \_\_\_\_\_ Bank Name \_\_\_\_\_

Property owned address: \_\_\_\_\_

Value or sale price \$\_\_\_\_\_

Income per month/year \$\_\_\_\_\_

Do you own a car or truck?  YES  NO

If YES: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

**1. Does anyone outside your household pay for any of your bills or give you money?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**2. Have you or any other adult member ever used any names or Social Security numbers other than the one you are currently using? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**3. Have you or any member lived in any assisted housing? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If YES, please list the name and city of the Housing Authority: \_\_\_\_\_

**4. Have you or anyone in your household ever been convicted of any crime other than a traffic violation? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**5. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**6. Have you or anyone in your household ever been evicted from an apartment or broken a lease or moved out before the lease ending date? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**Stocks and Bonds:**

Name of Stock	Number of Shares	Current Value of Stock	Dividends per Share

Name of Brokerage: \_\_\_\_\_ Contact Person: \_\_\_\_\_



I/We hereby release this information to the Key West Housing Authority.

I/We are aware that this information will be verified with the above named institutions and this information will be kept in strict confidence.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant/Tenant      Printed Name      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant/Tenant      Printed Name      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant/Tenant      Printed Name      Date