

HOUSING AUTHORITY OF THE CITY OF FREDERICK

AFFIDAVIT FOR SUBSIDIZED ASSISTANCE BENEFITS

209 Madison Street, Frederick, MD 21701

Ayesha Johnson – (240) 578-0165

Tenant-Based Rental Assistance Application

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. DO NOT leave any questions blank. If a question does not apply, write "NO". If you do not understand a question, you may ask your coordinator for an explanation

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

Eligible Individual		
Last Name	First Name	Home Phone Number ()
Street Address Number	Apt	Cell Phone Number ()
City	Zip Code	Email Address
Emergency Contact Name	Relationship	Phone Number

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 <small>Exactly as appears on Social Security card</small>	Age	Birthdate <small>mm/dd/yy</small>	Relationship to Head of Household	Sex: Male/Female/ Transgender: Male to Female/ Transgender: Female to Male	* Race	** Ethnicity	*** Marital Status	Social Security number
1)			SELF					
2)								
3)								
4)								
5)								
6)								
7)								
8)								

*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

SECTION I – HOUSEHOLD INCOME

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

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?			
Name of Household Member	Monthly Amount	Type of Benefit – Case Worker’s Name	

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?				

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 and provide (Name & Complete Address):				

Current Housing Status	Check One	Current Housing Status	Check One
Street/Vehicle/Abandoned Building		Hospital (Not Psychiatric)	
Emergency Shelter		Substance Abuse Treatment Center	
Transitional Housing for Homeless		Jail/Prison/Juvenile Detention	
Staying with Someone Else/family/friend		Rented Room/Apartment/House	
Hotel or Motel Paid Without Assistance		House Owned by Client	
Foster Care Home		Other	
Shelter Plus Care/SRO			

SECTION II – 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?	

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?	

Name of Household member	Type of Asset	Value

SECTION III – EXPENSES

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

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 Disable Member	Monthly Child Care Cost	Child Care Provider Full Name & Address	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 , indicate name of household member(s), name/address of medical provider(s), and expected expense(s):	

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

TOTAL MONTHLY EXPENSES	\$
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SECTION IV – SUPPLEMENTAL INFORMATION

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

1) 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:	
2) Have you or anyone in your household <u>ever</u> 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):	
3) Have you ever received or lived in any other assisted housing elsewhere?	
If yes, list in detail date(s) and location(s):	
4) 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:	

SECTION V – CERTIFICATION OF AFFIDAVIT

I/We have received, read, and understood a copy of the Statement of Family Obligations. I/We hereby certify that I/we understand my/our responsibilities to the Housing Authority of the City of Frederick 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 Housing Authority of the City of Frederick within TEN (10) days of occurrence. Also I understand that the Housing Authority of the City of Frederick 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.)

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. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF MARYLAND.

I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct. I/We understand and acknowledge that making false statements on this affidavit is a crime under federal law and Maryland state law, which may result in termination from the program and criminal prosecution.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
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_____ Signature of Other Adult (18 or older)	_____ Date	_____ Signature of Other Adult	_____ Date
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_____ Signature of Other Adult (18 or older)	_____ Date	_____ Signature of Other Adult	_____ Date
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*****This form must be completed by the Head of Household, If anyone outside the Head of Household completes, you must provide their name, title, and telephone number.*****

_____ Name	_____ Title	_____ Telephone #	_____ Date
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