



CUMBERLAND HOUSING

Unlocking the Doors for Your Future

PERSONAL DECLARATION

For Rental Assistance Benefits

Housing Authority of the City of Cumberland
635 East First Street
Cumberland, MD 21502-4362
(301)724-6606 option #3 Fax (301)724-8731

For office use only. Date/Time Received:

Please complete all sections of this affidavit and answer **ALL** questions. The answers provided on this document 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 "N/A". If you do not understand a question, ask a property management employee for an explanation.

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

*** In order for the application to be complete and accepted by staff, you **MUST** attach the following for **ALL** family members listed:

- 1. Copies of Social Security Cards and Birth Certificates
- 2. Past three paid rent receipts (where applicable)
(Or letter from where you are currently staying)
- 3. Medical Deductions (where applicable)
Applicant
- 4. Proof of Current Income
- 5. Food Stamp Information
- 6. Proof of Pregnancy (if applicable)
- 7. A Photo Identification for each Adult

I. Applicant Information

Applicant Social Security Number: _____ Are you a U.S. Veteran: (circle one) Yes No

Applicant Name: _____ Amount of People in Household: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Mailing Address (if different than above) _____

Current Landlord: _____

Address: _____

City, State, Zip: _____ Phone: _____

Current Address Information

Lived there since _____ Number of Bedrooms _____ Current Rent \$ _____ per month

Reason for Moving

____ About to be or without housing ____ Sub-standard housing ____ Displaced due to government action (Flood, Fire, etc)

____ Other - explain _____

Have you ever participated in a Housing Assistance Program?

(circle one)

Yes

No

Program Name: _____

Address: _____

City, State, Zip: _____ From: _____ To: _____

II. Previous Address Information

Previous Address: _____

City, State Zip: _____

Lived there from: _____ to: _____ Number of bedrooms: _____

Previous Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? (circle one) Yes No
If yes, who, when, for what? _____
2. Does anyone in you household currently use a controlled or illegal drug? Yes No
If yes, please explain: _____
3. Has anyone in you household ever been convicted of a felony or arrested for violent criminal activity? Yes No
If yes, who, when, for what? _____
4. Does anyone outside of your household pay for any of your bills or expenses? Yes No
If yes, who, when, for what? _____
5. Do you or anyone in your household smoke or use tobacco products? Yes No
6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? If So Who? _____ Yes No

IV. Reasonable Accommodations

Sometimes people with a physical or mental impairment that substantially limits one or more major life activities may need a reasonable accommodation in order to take full advantage of the Housing Authority's housing programs and related services. If you feel that you need a reasonable accommodation to fully take advantage of our housing programs, please check the following Reasonable Accommodations:

- In-home visits by staff
- Expanded use of mail, electronic mail, Fax, Fed Ex, or UPS
- Use of literature or translator in a language other than English
- Physical modifications to existing units (ramp, grab bars, assist devices, etc.) _____
- Use of the Maryland Relay Telephone 1-800-201-7165
- Use of literature in large type, Braille, or a "reader"
- Handicapped accessible homes or other devices

Other, Please Specify: _____

Generally the individual knows best what they need; however, the Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Housing Authority's programs or services. If more than one accommodation is equally effective to provide access to the Housing Authority's programs and services, we retain the right to select the most efficient or economic choice. The cost necessary to carry out approve requests will be paid by the Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the Housing Authority will seek to have the same entity pay for any restoration costs. If the Housing Authority determines that the requested accommodation presents an unreasonable financial and/or administrative burden, it will have the option of denying the request.

V. Family Composition Information

#	Household Member Name <i>(as it appears on the Social Security Card)</i>	Social Security Number	Date of Birth <i>mm/dd/yyyy</i>	Age	City & State of Birth
1	(Head)				
2					
3					
4					
5					
6					
7					
8					

#	Relationship to Head of Household	Sex <i>M / F</i>	Race <i>See codes below</i>	Ethnicity <i>See codes below</i>	Marital Status <i>See codes below</i>	Disabled <i>Yes / No</i>
1	----- Self -----					
2						
3						
4						
5						
6						
7						
8						

Race Codes: 1 = White 2 = Black/African American 3 = Hispanic 4 = Asian
5 = American Indian/Alaska Native 6 = Native Hawaiian/Other Pac. Islander

Ethnicity Codes: 1 = Hispanic 2 = Not Hispanic

Marital Status Codes: S = Single M = Married P = Separated D = Divorced

Will there be an increase in your family size within the next nine (9) months? ____ Yes ____ No
If yes, supply documentation.

VI. Current Income Information

Please enter each type of income that any household member will have in the next year. This includes: Employment, Social Security (SS), Supplemental Social Security (SSI), Temporary Cash Assistance (TCA), unemployment, child support, alimony, Veterans, Railroad, Pension, severance pay, food stamps, cash tips, bonuses, military or reserve pay, etc.

Household Member Name: _____ Type of Income: _____
Income Source Name: _____ Phone #: _____
Source Address: _____ City, St, Zip: _____
Start Date: _____ (mm/dd/yyyy) Income: \$ _____ Per Hour \$ _____ Per Week \$ _____ Per Month
Housing Authority Income Code: _____ Annual Gross Income Amount \$ _____

Household Member Name: _____ Type of Income: _____
Income Source Name: _____ Phone #: _____
Source Address: _____ City, St, Zip: _____
Start Date: _____ (mm/dd/yyyy) Income: \$ _____ Per Hour \$ _____ Per Week \$ _____ Per Month
Housing Authority Income Code: _____ Annual Gross Income Amount \$ _____

Household Member Name: _____ Type of Income: _____
Income Source Name: _____ Phone #: _____
Source Address: _____ City, St, Zip: _____
Start Date: _____ (mm/dd/yyyy) Income: \$ _____ Per Hour \$ _____ Per Week \$ _____ Per Month
Housing Authority Income Code: _____ Annual Gross Income Amount \$ _____

Household Member Name: _____ Type of Income: _____
Income Source Name: _____ Phone #: _____
Source Address: _____ City, St, Zip: _____
Start Date: _____ (mm/dd/yyyy) Income: \$ _____ Per Hour \$ _____ Per Week \$ _____ Per Month
Housing Authority Income Code: _____ Annual Gross Income Amount \$ _____

Household Member Name: _____ Type of Income: _____
Income Source Name: _____ Phone #: _____
Source Address: _____ City, St, Zip: _____
Start Date: _____ (mm/dd/yyyy) Income: \$ _____ Per Hour \$ _____ Per Week \$ _____ Per Month
Housing Authority Income Code: _____ Annual Gross Income Amount \$ _____

VII. Current Asset Information

Please answer each question below. If you answer **"YES"** to any of these questions, please submit supporting documentation.

	Yes	No
Do you or any of your household members have a savings or checking account over \$500?		
Do you or any of your household members have stocks, bonds or Certificate of Deposits?		
Do you or any of your household members have a Money Market or trust fund?		
Do you or any of your household members have a Retirement, 401K, federal thrift savings plan (TSP), IRA or Keogh Account?		
Do you or anyone in your household, own or have an interest in commercial or residential real estate including a mobile home?		

Have you or anyone in your household sold any real estate or disposed of any other type of asset in the last two years?

If Yes, complete below:

Name of Household Member	Type of Asset Disposed of	Value of Asset	Amount Received

VIII. Expenses

Enter any Medical (elderly, handicap and or disabled only), Child Care or Handicap Expenses that your household currently pays.

Family Member Name: _____ Payee: _____
 Type of Expense: _____ Contact: _____
 Expense per: _____ Week _____ Month _____ Year Address: _____
 Expense Cost: _____ City: _____
 Phone: _____ State, Zip: _____

Family Member Name: _____ Payee: _____
 Type of Expense: _____ Contact: _____
 Expense per: _____ Week _____ Month _____ Year Address: _____
 Expense Cost: _____ City: _____
 Phone: _____ State, Zip: _____

Family Member Name: _____ Payee: _____
 Type of Expense: _____ Contact: _____
 Expense per: _____ Week _____ Month _____ Year Address: _____
 Expense Cost: _____ City: _____
 Phone: _____ State, Zip: _____

IX. Pets

Do you have a pet(s)? No ___ Yes ___ If yes, how many and what type(s): _____

X. References

Enter references that can be contacted to determine housing suitability.

Credit Information

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Account #: _____	Account #: _____

Personal References

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

XI. Local Preferences

The Housing Authority provides local preferences for individuals applying for occupancy in one of our housing communities. Please check any of those on the left side below that apply:

Resident of the City of Cumberland, Maryland	Additional preferences listed below shall be given for High Rise Elderly buildings. Please check any that apply:	Elderly or disabled (over 62 years of age)
Resident of Allegany County, Maryland		Near Elderly or disabled (> 55 & < 62 years of age)
Disabled Veteran (head of household or spouse)		Disabled Person 18 – 49 Years of Age
Disaster Displaced due to flood, fire or government action		Single Person not Elderly or Disabled
Employed more than 30 hrs/week		
Employed less than 30 hrs/week		
Employment Training Program *		

* Applicants with an adult family member enrolled in an employment training program, currently working 10 hours a week, or attending school on a full time basis. This preference is also extended equally to all elderly families and all families whose head of household or spouse is receiving income based on their ability to work (Social Security, Supplemental Social Security, etc.)

XII. Site Based Waiting List**ALL PROPERTIES ARE SMOKE FREE AS OF 7/1/2018**

Place a "1" on the line preceding the Community which is your first choice for location and a "2" for your second choice. The second choice is optional and not required. Please indicate the size of unit you are requesting by placing an "X" in the bedroom size next to the type of community you are requesting.

Family _____ Jane Frazier Village: 1 Bedroom: _____ 2 Bedroom: _____ 3 Bedroom: _____ 4 Bedroom: _____

Communities: Closed Fort Cumberland Homes: 2 Bedroom: Closed 3 Bedroom: Closed 4 Bedroom: Closed

_____ Banneker Gardens: 2 Bedroom: _____ 3 Bedroom: _____

High Rise Elderly _____ John F. Kennedy Apartments: Efficiency: _____ 1 Bedroom: _____

Communities: _____ Queen City Tower: Efficiency: _____ 1 Bedroom: _____ 2 Bedroom: _____



The Housing Authority of the City of Cumberland, Maryland is an Equal Opportunity Housing provider and does not discriminate on the basis of Race, Color, Religion, National Origin or Ancestry, Sex, Disability, the presence of children or any other legally protected status under local, state or federal law.



XIII. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand and acknowledge that any misrepresentation of information or making false statements on this affidavit is a crime under State and Federal law, which may result in termination from the program and criminal prosecution.

I/We understand that **ALL** changes in the income of **ANY** member of the household **MUST** be reported within 10 days of occurrence. Also the Housing Authority must approve **ANY** additional household members **BEFORE** they move in.

I/We understand and acknowledge that before our application is approved for housing, a rental history, criminal background check and possibly an inspection at your current residence will be conducted.

I have received a notice of the Section 214 requirements with this application. (circle one) **Yes** **No**

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

If you have had someone outside of your household to help you complete this application, please provide their name and relationship to your family.

_____ Name

_____ Relationship to your Family

_____ Date

For Office Use Only						
Waiting List	Unit offered	BR	Date Offered	Response	Response Date/Time	Initials
	1)					
	2)					
	3)					