



EVERETT HOUSING AUTHORITY

393 FERRY STREET, EVERETT, MASSACHUSETTS 02149
 PHONE (617) 387-8389 FAX (617) 389-4936
 TDD (800) 545-1833 Ext. 111

Board of Commissioners
 Dominic Pulea
 Chairperson

John Barrett
 Philip Colameta
 Robert Norton

Stephen Kergo
 Executive Director

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PERSONAL DECLARATION FORM FOR CONTINUED OCCUPANCY

Applicant/Participant must complete all items and sign and date where indicated. If you need additional space to answer any of the questions, please attach, date and sign additional sheet.

Head of Household: _____ **Phone:** ____ - ____ - ____

Address: _____, **Apt.** _____, _____, **MA** _____

Part 1: Household Composition. Please list all persons living in the household beginning with the Head of Household.

	Name	Relation to HOH	Sex	D.O.B.	SS#	Occupation/School
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						

Part 2: Employment and Income: List any and all household members who are working or receiving any source of income including but not limited to: Pensions, Social Security, SSI, TAFDC, EAEDC, Child Support, Business, Wages, Commissions, Tips, Annuities, Alimony, Unemployment, Regular Contributions and Gifts, stocks and bonds or any other non-wage source.

	Household Member	Type of Income	Name/Address of Employer Or source of Income	Gross Income	Per week/month
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	



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Part 3: Asset Income: List any and all bank accounts such as savings, checking, CD and IRA's for all family members.

A. Bank Accounts

Type of Account	Account Number	Name/Branch of Bank	Amt. of Deposit	Int. Rate
1				
2				
3				

B. Real Estate and Personal Property. Please list the type and value of property owned by any member of your household including real estate (currently owned or sold within the past 2 years) or mobile home.

Type of Property	Owner of Property	Value of Property
1		
2		
3		

C. Other Assets. Please list income from stocks, bonds or cash gifts you or members of your household receive on a regular basis

Source of Income	Amount	Frequency	Beginning Date
1	\$		
2	\$		
3	\$		

Part 4. Other Information:

1. If you or other members of your household have used other Social Security numbers, please list below:

_____ / _____

2. If you or other members of your household have received housing assistance, please list where and when below:
Person housed Dates Housed Complete address

_____ / _____ / _____

3. If you or a member of your household has been convicted of a crime other than traffic violations, please explain:

4. Have you or any member of your household been required to register as a lifetime sex offender in Massachusetts or any other state?
YES: _____ NO: _____

If yes, please list which state(s) _____

5. If you or any member of your household has committed fraud in connection with any federally or state assisted housing program or have been requested to repay money for knowingly misrepresenting information to such housing programs, please explain:



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6. If you pay for Child Care expenses, please give name of agency below and amount paid:

Part 5. Elderly and Handicapped/Disabled only: (Includes any and all family members whose head of household or the spouse of heads of household meets the eligibility standards).

Please list below doctors, prescriptions or any other medical expenses that are not covered by insurance or any other source. If you need additional space, please use another piece of paper and sign and date.

	Doctor	Doctors Address
1		
2		
3		

	Pharmacy	Prescription Name	Rx#
1			
2			

Do you pay Medicare or any other medical insurance premiums? If so, please list insurance company name and address and monthly premium(s).

	Insurance Company	Address	Premium Pd.
1			
2			

Optional: The following information is voluntary and will be used for statistical purposes only. Please indicate by circling the appropriate information:

White Black Hispanic Asian/Pacific Islander American Indian

Other (specify) _____

I do hereby swear and attest that all of the above information and that in any attachments affixed hereto about me is true and complete to the best of my knowledge. I understand that all changes in income of any member of my



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household and any changes in household members must be reported to the Everett Housing Authority in writing immediately. Failure to do so may jeopardize my continued participation in this housing program.
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.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date



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CERTIFICATE REGARDING NON-EMPLOYMENT

I hereby certify that I am not presently employed and that I accept the responsibility to notify the Everett Housing Authority office immediately upon beginning any employment or receiving any source of income.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Print Name

Date

Signature



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