

PERSONAL DECLARATION & APPLICATION

For Rental Assistance Benefits



Cumberland Housing Group
635 East First Street
Cumberland, MD 21502-4362
(301)724-6606 Fax (301)724-8731
Email: Housing@CumberlandHousing.org

Office use only - Date/Time Received:



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.



Please complete all sections of this application 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.

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: _____

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

Mailing Address (if different than above) _____

Email Address(s): _____

Reason for Moving:

- I Cannot Afford My Current Rent
 I Am Relocating to the Area
 I Am Being Evicted
 I Am or Will Be Homeless
 I Am Currently Living in Sub-standard housing
 I Am Displaced due to Flood, Fire, etc.
 Other (explain) _____

Personal Contact: (in case we cannot reach you or if someone is acting on your behalf)

Name: _____ Phone: _____
Address: _____ Email: _____

II. Family Composition Information (print legibly or type and fill in all columns in order to be processed correctly)

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.

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

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

Race Codes: 1 = White 2 = Black/African American 3 = Black/African American and White 4 = Hispanic
 5 = Asian 6 = Asian and White 7 = American Indian/Alaska Native 8 = Native Hawaiian/Other Pacific Islander
 9 = Other

Ethnicity Codes: 1 = Hispanic 2 = Not Hispanic

Marital Status Codes: S = Single M = Married P = Separated D = Divorced W = Widow/Widower

Will there be an increase in your family size within the next nine (9) months? ____ If yes, Explain: _____

III. Previous Housing Information

Have you ever participated in a Housing Assistance Program? (circle one) Yes No

Program Name: _____ From: _____ To: _____

Address: _____ City, State, Zip: _____

Current Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Previous Address: _____

City, State Zip: _____

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

Previous Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

IV. Program Integrity (circle Yes or No for each question and add additional pages if necessary, to explain)

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? Yes No

If yes, who, when, for what? _____

2. Does anyone in your household currently use a controlled or illegal drug? Yes No

If yes, please explain: _____

3. Has anyone in your 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

Note: All of our housing is smoke free. Smoking of any type or substance is prohibited anywhere on the grounds or in the rental unit

6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? If So Who? _____

V. Pets

Do you have a pet or Service/Assistance Animal? No ___ Yes ___ If yes, list type, breed of each-some restrictions apply.

IX. Certification of Information

In order for this application to be considered complete and able to be processed by our staff, you **MUST** attach the following additional items with your submission:

1. Program Interview Checklist (form 102)
2. Participant Screening Consent (form 103)
3. Declaration of Citizenship Section 214 Status (form 104)
4. HUD Race and Ethnic Data Reporting (form 105)
5. Authorization for Release of Information – **PH** Public Housing (form 107) or **MF** Multifamily (form 108)
6. Copies of Social Security Cards and Birth Certificates for ALL family members listed
7. A Photo Identification for each Adult Applicant

X. 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 “Declaration of Citizenship Section 214 Status” with this application. (circle one) **Yes** **No**
A Notice of Section 214 requirement is available at our office for applicants applying for and tenants currently receiving section 214 housing assistance which explains the Section 214 law.

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
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HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)