

CHARLES COUNTY GOVERNMENT
Department of Community Services

Aging & Community Centers • Child Care
 Housing & Community Development • Transportation • Recreation
 MARGARET E. CHESELDINE, DIRECTOR



Personal Declaration

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

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

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) SEPARATED (S) DIVORCED (D)
1.				YEAR:
2.				YEAR:
3.				YEAR:
4.				YEAR:

CHILDREN (Name as it appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP

 SS NO. (if know)

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP

 SS NO. (if known)



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- II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workmans Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

- II ASSETS: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? ____ Have you sold any real estate in the last two years? ____ Do you own stocks or bonds? ____ Do you have savings accounts? ____ If yes, give bank, account numbers, and amounts below. Do you own a car? ____ Model/Year _____ Tag No. _____ Do you own a second car? ____ Model/Year _____ Tag No. _____

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No ____ If yes, explain below.
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No ____ If yes, explain below.
- Have you or any member lived in any assisted housing? Yes/No ____ If yes, list where and when below.
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No ____ If yes, explain below.
- 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 programs? Yes/No ____ If yes, explain below.

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

8190 Port Tobacco Road, Port Tobacco, Maryland 20677
301-934-9305 • 301-932-6004 • 301-870-3388 • FAX: 301-934-5624
MD Relay Service: 711 • Relay Service TDD: 1-800-735-2258

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SIGNATURE OF OTHER ADULT

DATE

SIGNATURE OF OTHER ADULT

DATE

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.

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