

**PENDER COUNTY HOUSING DEPARTMENT
FAMILY INFORMATION DISCLOSURE**

Name _____

Contact Telephone Number _____

MAILING Address: _____

E-mail Address: _____

**** IT IS YOUR RESPONSIBILITY TO FULLY REPORT ALL HOUSEHOLD INCOME, EXPENSES AND OCCUPANTS IN WRITING****
*Verbal reports are not accepted. **Full written disclosure is required. Incomplete reports will not be processed.***

HAVE YOU HAD ANY CHANGES IN YOUR HOUSEHOLD SINCE YOUR LAST APPOINTMENT?

NO. I have had no changes since my last review.

YES. Explain Change: _____

STATEMENT OF FAMILY COMPOSITION

LIST ALL OF PEOPLE LIVING WITH YOU. LIST YOURSELF FIRST.

HOUSEHOLD MEMBER NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTHDATE	AGE	LAST FOUR DIGITS OF SOCIAL SECURITY #	WORKING? (ANSWER YES OR NO)	STUDENT? (ANSWER YES OR NO)
	SELF					

BY SIGNING THIS FORM I/WE CERTIFY THAT ALL MINORS LISTED ON THIS FORM (OR AN ATTACHED FORM) ARE BOTH **LEGALLY AND PHYSICALLY** IN MY/OUR CUSTODY.

ARE YOU: MARRIED DIVORCED SEPARATED SINGLE WIDOWED DOMESTIC PARTNERSHIP

IS THERE ANYONE LISTED ON YOUR FOODSTAMP CASE (if any) OR ANYONE WHO STAYS IN YOUR HOME ON A REGULAR BASIS WHO IS **NOT** LISTED ON THIS FORM?

NO.

YES. NAME _____ EXPLAIN WHY THIS PERSON STAYS IN YOUR HOME:

**PENDER COUNTY HOUSING DEPARTMENT
HOUSEHOLD INCOME, EXPENSES AND ASSETS ***

INCOME: (REPORT ALL JOBS WORKED BY ANY/ALL HOUSEHOLD MEMBERS IN THE LAST 12 MONTHS. USE THE EMPLOYMENT HISTORY REPORTING FORM IF YOU NEED ADDITIONAL SPACE TO REPORT.)

NAME OF EMPLOYED HOUSEHOLD MEMBER:		
EMPLOYER NAME:	YOUR JOB TITLE:	
ADDRESS:	EMPLOYER TELEPHONE #:	
HOW LONG HAVE YOU BEEN EMPLOYED? _____ (check one) <input type="checkbox"/> WKS <input type="checkbox"/> MOS <input type="checkbox"/> YRS	RATE OF PAY: \$	HOURS PER WK:
<input type="checkbox"/> Check here if, this job has ended. GIVE DATE: _____	HOW OFTEN ARE YOU PAID? (check one) <input type="checkbox"/> WKLY <input type="checkbox"/> BI -WKLY <input type="checkbox"/> MONTHLY	

NAME OF EMPLOYED HOUSEHOLD MEMBER:		
EMPLOYER NAME:	YOUR JOB TITLE:	
ADDRESS:	EMPLOYER TELEPHONE #:	
HOW LONG HAVE YOU BEEN EMPLOYED? _____ (check one) <input type="checkbox"/> WKS <input type="checkbox"/> MOS <input type="checkbox"/> YRS	RATE OF PAY: \$	HOURS PER WK:
<input type="checkbox"/> Check here if, this job has ended. GIVE DATE: _____	HOW OFTEN ARE YOU PAID? (check one) <input type="checkbox"/> WKLY <input type="checkbox"/> BI -WKLY <input type="checkbox"/> MONTHLY	

IS ANYONE IN YOUR HOUSEHOLD **SELF-EMPLOYED** (SUCH AS LAWN CARE, HANDY-MAN, HAIR BRAIDING, HOUSE CLEANING, ETC)?

NO - NO ONE IN MY HOUSEHOLD IS SELF-EMPLOYED.

YES – NAME OF SELF-EMPLOYED PERSON: _____ TYPE OF WORK: _____

DO YOU OR DOES **ANYONE** IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

TYPE	YES OR NO?	IF YES, HOW MUCH?	HOW OFTEN ARE YOU PAID?	NAME OF HH MEMBER	NAME OF CASEWORKER AT PENDER DSS
Work First / OAP / AND		\$			
ALIMONY/MAINTENANCE		\$			
FOOD STAMPS		\$			
SOCIAL SECURITY/SSI/SSDI		\$			
Unemployment Benefits		\$			
VA Benefits		\$			
Pension/retirement		\$			
FINANCIAL AID		\$			
GIFT OR OTHER INCOME NOT LISTED ABOVE		\$		Explain:	

DO YOU RECEIVE CHILD SUPPORT? Choose the answer that **BEST** describes your situation.

YES NO NO – Both parents for **all** children are in the home.

NO – The absent parent for **all** children is deceased. (IF SOCIAL SECURITY IS RECEIVED DUE TO THE DEATH OF A PARENT, IT SHOULD BE REPORTED IN THE SECTION ABOVE.)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

PENDER COUNTY HOUSING DEPARTMENT

- DOES ANYONE **NOT** LIVING WITH YOU HELP YOU PAY BILLS? YES NO

IF YES, WHO HELPS YOU AND HOW MUCH? _____

IF YOU ARE CLAIMING TO HAVE NO INCOME OR IF THE INCOME YOU REPORT IS SO LOW THAT IT IS NOT ENOUGH TO MEET REASONABLE EXPENSES FOR YOUR FAMILY, YOU MUST EXPLAIN HOW YOU PAY BASIC LIVING EXPENSES.

ASSETS:

DOES ANYONE IN YOUR HOUSEHOLD HAVE ASSETS SUCH AS CHECKING/SAVINGS ACCOUNTS, LAND, ETC.?

- YES- You must disclose all accounts/assets owned by any/all household members on a separate form.**
- NO, No one in my household has assets/bank accounts. Explain how your family manages money.**

IF YOU HAVE INCOME, BUT YOU DO NOT HAVE A CHECKING/SAVINGS ACCOUNT, **HOW DO YOU RECEIVE YOUR PAY & PAY YOUR BILLS?** _____

EXPENSES:

ELDERLY/DISABLED ONLY:

DO YOU HAVE OUT OF POCKET COSTS FOR MEDICAL EXPENSES? YES NO

IF YES, YOU MUST PROVIDE PROOF OF OUT-OF-POCKET COSTS INCLUDING PROOF YOU ARE PAYING THEM IN ORDER TO RECEIVE CREDIT. A 12-MONTH HISTORY/PRINTOUT FROM THE DOCTOR/PHARMACY/PROVIDER IS REQUIRED TO SHOW YOU ARE MAKING REGULAR PAYMENTS.

CHILDCARE:

DO YOU PAY FOR CHILD CARE? YES NO IF YES, COST: \$ _____ PER (check one) WK MO

WHO PAYS THE OUT OF POCKET COST OF YOUR CHILD CARE EXPENSES? _____

DO YOU RECEIVE CHILD CARE ASSISTANCE? YES NO IF YES, PROVIDE A COPY OF YOUR PARENT FEE WORKSHEET. IF NO, GIVE NAME, ADDRESS & PHONE NUMBER OF YOUR CHILD CARE PROVIDER:

WHO PAYS UTILITIES WHERE YOU LIVE NOW? _____

Check the utilities that you are required to pay: Electric Gas/oil Water Sewer Trash

DO YOU EXPECT ANY CHANGES FOR YOUR FAMILY IN THE NEXT 12 MONTHS, INCLUDING ANY UPCOMING CHANGES IN HOUSEHOLD INCOME? (baby, marriage/divorce, someone moving?)

NO YES, EXPLAIN: _____

DO YOU HAVE A CAR? NO YES - **ANSWER THE FOLLOWING:**

DO YOU HAVE A CAR PAYMENT? NO YES - WHO PAYS IT? _____

HOW MUCH IS THE CAR PAYMENT PER MONTH? \$ _____

WHOSE NAME IS ON THE CAR REGISTRATION? _____

WHO PAYS FOR: CAR INSURANCE: _____ GAS & REPAIRS: _____

PENDER COUNTY HOUSING DEPARTMENT

Do you have a cell phone? NO YES – Whose name is on the bill? _____

Do you have cable or satellite TV? NO YES – Whose name is on the bill? _____

How do you pay for “extras” like cigarettes, alcohol, hair color, artificial nails, etc? (If someone else pays for these items, please explain who and how much)

Please explain any changes in your criminal history **or that of any household member** since your last report (OR since you applied, if you are interviewing for eligibility). *Use a separate sheet of paper, if needed.*

No Change

Yes, there are have changes. EXPLAIN: _____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I DECLARE UNDER PENALTY OF PERJURY, & BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTE 15§157-29, THAT THE INFORMATION IS TRUE & COMPLETE.

I/WE UNDERSTAND THAT INFORMATION GIVEN TO THE HOUSING AUTHORITY MAY BE GIVEN TO THE PENDER COUNTY DEPARTMENT OF SOCIAL SERVICES. I/WE CERTIFY THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. (ALL ADULT HOUSEHOLD MEMBERS, 18 YEARS OLD OR OLDER, MUST SIGN THIS FORM)

BY SIGNING THIS DISCLOSURE, I /WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING DEPARTMENT (OR IT’S AGENT), TO CONTACT & OBTAIN ANY INFORMATION REQUIRED FROM ANY OF THE **INDIVIDUALS /ENTITIES** LISTED ON THIS DISCLOSURE, OR FROM ANY OTHER INDIVIDUALS/ENTITIES REQUIRED TO VERIFY ELIGIBILITY.

HEAD OF HOUSEHOLD: _____ DATE _____

OTHER ADULT: _____ DATE _____

OTHER ADULT: _____ DATE _____

OTHER ADULT: _____ DATE _____