

KITTANNING COTTAGES PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING - PLEASE PRINT.** YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD.

APPLICANT'S NAME _____

CURRENT ADDRESS _____

PHONE # _____ ALTERNATE PHONE # _____

HOUSEHOLD COMPOSITION

List all persons who would be in your household if you would receive housing.

	MEMBER NAME	RELATIONSHIP TO HEAD	GENDER	BIRTH DATE	AGE	SOCIAL SECURITY #
HEAD						
2						

HOUSEHOLD INCOME

List all sources of income received for all members of the household. Income includes wages, support, self-employment, pension, Social Security, SSI, workers compensation, public assistance, veterans, alimony, regular contributions, rental income, and all other sources.

MEMBER NAME	SOURCE OF INCOME	AMOUNT OF MONTHLY INCOME

ASSET INFORMATION

List all assets for all members of the household. Assets include checking, savings, CD's, money market accounts, IRS's, annuities, mutual funds, bonds, stocks, and real property. Please include any assets that have been disposed of in the last 2 years.

MEMBER NAME	SOURCE NAME	TYPE OF ASSET	CASH VALUE	INTEREST BEARING?

MISCELLANEOUS INFORMATION

1. Have you or any member of your household ever lived in assisted housing? YES NO

If Yes, please explain _____

2. Have you or any member of your household ever been charged or convicted of any crime other than a traffic violation (this does not include DUI charges)? YES NO

3. Do you or any member of your household require any special housing needs or accommodations?
If so, please indicate: Mobility Impaired Hearing Impaired Visually Impaired
 Other (Please explain) _____

4. Please indicate what size apartment you prefer. One Bedroom Two Bedroom

5. How did you learn about this housing opportunity? Newspaper print advertisement
 Word-of-Mouth Other _____

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I/We do hereby swear and attest that all of the information above is true and correct to the best of my/our knowledge. I/We also understand that any changes in family composition, income, assets, address, or phone number must be reported, in writing, to the Housing Authority immediately.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF SPOUSE OR OTHER ADULT DATE

PLEASE MAIL TO:

QUESTIONS PLEASE CALL:

VALLEY VIEW APARTMENTS
106 VALLEY VIEW DR #220
FORD CITY PA 16226

LORNA TUCKER
724-763-1054 on Monday, Wednesday, Friday
724-543-5180 on Tuesday, Thursday

