

# VALLEY VIEW APARTMENTS 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 \_\_\_\_\_

.....  
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

