



STATUS DECLARATION FOR RENTAL ASSISTANCE

Head of Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client HMIS ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List all members of your household currently living in your unit.

Table with 3 columns: Name, Age, Relationship to Head of Household. Includes five rows of blank lines for entry.

Check all applicable current sources of income for your household. Please attach documentation for all income and asset sources.

EMPLOYMENT \_\_\_\_\_ UNEMPLOYMENT \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ SSI/SSDI \_\_\_\_\_ PENSION \_\_\_\_\_

VA \_\_\_\_\_ WORKERS COMP \_\_\_\_\_ TANF \_\_\_\_\_ CHILD SUPPORT \_\_\_\_\_ ALIMONY \_\_\_\_\_

OTHER (EXPLAIN) \_\_\_\_\_

NO INCOME AT THIS TIME \_\_\_\_\_

If any household member is employed, when did the employment start? \_\_\_\_\_

Do you have:

Retirement, pension, or trust funds available? Yes \_\_\_\_\_ No \_\_\_\_\_

Stocks, bonds, treasury bills, certificates of deposit, or money market funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Equity in a rental property or "Whole Life" Life Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Child Care Expenses

Is the household paying out of pocket for child care for children under the age of 12 so an adult household member can work, seek employment, or go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the monthly cost of the child care? \$ \_\_\_\_\_ Please attach documentation.

**Disability Care Expenses**

Is the household paying out of pocket for attendant care (provided by someone who is not a member of the household) and/or any apparatus for any disabled household member that enables that person or any other household member to work? Yes \_\_\_ No \_\_\_

If yes, what is the monthly cost of the disability care? \$\_\_\_\_\_ *Please attach documentation.*

**Elder Care Expenses**

Is the household paying out of pocket for medical expenses and/or assistance (provided by someone who is not a member of the household) for any elderly household member over the age of 62? Yes \_\_\_ No \_\_\_

If yes, what is the estimated monthly cost of the medical expenses and/or assistance? \$\_\_\_\_\_ *Please attach documentation.*

**EMERGENCY CONTACT:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**GENERAL QUESTIONS:**

What is your current rent portion you pay monthly? \$\_\_\_\_\_

What utilities do you currently pay? \_\_\_\_\_

**I CERTIFY BY MY SIGNATURE BELOW THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY CHANGES IN INCOME AND HOUSEHOLD SIZE LASTING MORE THAN 30 DAYS MUST BE REPORTED TO COMMUNITY SHELTER BOARD OR MY CASE MANAGER IMMEDIATELY.**

**I CERTIFY I HAVE RECEIVED HUD’S VAWA NOTICE, FORM HUD-5380, AND TRANSFER REQUEST, FORM HUD-5383, AT ENROLLMENT TO THE PROGRAM AND/OR WITHIN A RECERTIFICATION PACKET.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date



**ZERO INCOME STATEMENT**

I \_\_\_\_\_, understand that the information provided on this form will be used to determine income eligibility and cost of housing. I have read the clarification for what is considered income\* and hereby certify that I am currently receiving no income from any source.

I certify that this statement is true to the best of my knowledge and understand that providing false, misleading or incorrect information may result in ineligibility for the Rental Assistance Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\*Income: Wages from job, self-employment, Social Security, Social Security Income (SSI), Pension/Veteran’s Administration (Military Pay), TANF/Ohio Works First (Public Assistance), Unemployment Benefits, Workers Compensation, Educational Financial Assistance (Financial Aid), Court Ordered Child Support Payments Received, Informal Child Support Payments Received and Alimony.

Client HMIS ID: \_\_\_\_\_

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

INITIAL  
HERE-->  
INITIAL  
HERE-->

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

SIGN HERE