



PERSONAL INFORMATION DISCLOSURE

Instructions: This form is a declaration of all family (Section 8 Voucher participants) income, assets, medical information (for families where head of household is 62 years old or disabled head of household or spouse), day care expenses, and household composition. I understand that this declaration is not verification. I understand I am responsible to furnish Davis Community Housing Authority with written verification of all changes. **This form will be returned if information is incomplete, which will delay the rental assistance payment.**

Note: information provided to other agencies is not verified with Davis Community Housing Authority. Agencies do not share verifications.

Print Clearly

Name of Head of Household:	
Address, City, State and Zip Code:	
Home Phone:	Cell Phone:
Message Phone:	Email address:

Complete the following information with the head of household first. Make sure the information is complete with birth dates and social security numbers. **This form will be returned if information is incomplete, which will delay the rental assistance payment.**

Full Name as shown on Social Security card	Social Security Number	Date of Birth	Age	Disabled Y/N	Full Time Student Y/N	Sex M/F	Relationship to Head of Household

Emergency Contacts: Provide the following information for two emergency contacts i.e. mom, dad, sister, or friends that can be contacted in case of emergency. **This form will be returned if information is incomplete, which will delay the rental assistance payment.**

Name:	Relationship	Address	Phone Number
Name:	Relationship	Address	Phone Number

INCOME

Written verification of income examples are: Employment wages, tips, bonus, military pay, school work study, TANF, food stamps, pensions, Social Security, SSI, child support (ORS or direct payment), medical reimbursement, VA benefits, unemployment, in kind services, (help from outside sources i.e. church, utility payment, phone payment, insurance payment, monthly gifts to support any household member.) **This form will be returned if information is incomplete, which will delay the rental assistance payment.**

Name of family member	Income type	Name of income source, address, city, state, zip code and phone number	Monthly amount before deductions

ASSETS

DCHA must have verification of at least 6 months of all checking, savings, certificates, deeds, real estate, stock/bonds, whole life insurance, 401K etc. From banks, credit unions, brokers, etc. **This form will be returned if information is incomplete, which will delay the rental assistance payment.**

Name family member	Name of bank, credit union, or the source of assets	Type of Asset
Explanation of Asset:		

Medical Information

(This information is only if Head/spouse/co-head is 62 or disabled)

I understand that I am required to furnish Davis Community Housing Authority with written verification of all medical costs. Example of medical expenses include doctor, pharmacy, hospital, and over the counter costs. If there is a service animal verified, the service animal medical expenses can be deducted and must also be verified.

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Name family member	Explanation of Medical Cost	Amount of Monthly Payments
Comments:		

Day Care Information

This deduction is for families that are paying out-of-pocket expenses for day care while employed, attending school or while seeking employment. If the State of Utah helps pay daycare costs written verification (i.e. copy of the State Contract) must be submitted. **This form will be returned if information is incomplete, which will delay the rental assistance payment.**

Name and Phone Number of daycare provider:	Address, City, State, Zip Code:	Name of child	Family portion of day care expense
Addition information/comments:			

I understand that this disclosure *form is not* verification and will not be used to calculate any income/household changes without written verification of the change. I certify that all information reported to Davis Community Housing Authority on household composition, income, assets, medical, and daycare is accurate and complete to the best of my knowledge. I also understand that giving false statements or information is grounds for termination of the Section 8 rental assistance.

Head of Household Signature Date

Other Adult Signature Date
(Spouse, co-head, adult child)

Other Adult Signature Date
(Spouse, co-head, adult child)

Other Adult Signature Date
(Spouse, co-head, adult child)

Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals equal access to services, programs and activities the Housing Authority offers. Upon written request, the Housing Authority will provide reasonable accommodation to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability or national origin in compliance with the Fair Housing Act. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at 800-424-8590, or TDD at 800-424-8529.

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

