



# CUMBERLAND HOUSING

Unlocking the Doors for Your Future

# PERSONAL DECLARATION

## For Rental Assistance Benefits

Housing Authority of the City of Cumberland  
635 East First Street  
Cumberland, MD 21502-4362  
(301)724-6606 option #3 Fax (301)724-8731

For office use only. Date/Time Received:

Please complete all sections of this affidavit and answer **ALL** questions. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). **DO NOT** leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, ask a property management employee for an explanation.

**WARNING:** Making false statements on this affidavit is considered **FRAUD** and may result in **TERMINATION** from the program and Criminal prosecution.

\*\*\* In order for the application to be complete and accepted by staff, you **MUST** attach the following for **ALL** family members listed:

- 1. Copies of Social Security Cards and Birth Certificates
- 2. Past three paid rent receipts (where applicable)  
(Or letter from where you are currently staying)
- 3. Medical Deductions (where applicable)  
Applicant
- 4. Proof of Current Income
- 5. Food Stamp Information
- 6. Proof of Pregnancy (if applicable)
- 7. A Photo Identification for each Adult

### I. Applicant Information

Applicant Social Security Number: \_\_\_\_\_ Are you a U.S. Veteran: (circle one) Yes No

Applicant Name: \_\_\_\_\_ Amount of People in Household: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Current Landlord: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Current Address Information

Lived there since \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Current Rent \$ \_\_\_\_\_ per month

### Reason for Moving

\_\_\_\_ About to be or without housing \_\_\_\_ Sub-standard housing \_\_\_\_ Displaced due to government action (Flood, Fire, etc)

\_\_\_\_ Other - explain \_\_\_\_\_

**Have you ever participated in a Housing Assistance Program?**

(circle one)

Yes

No

Program Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**II. Previous Address Information**

**Previous Address:** \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Lived there from: \_\_\_\_\_ to: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

**Previous Landlord Name:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**III. Program Integrity**

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? (circle one) Yes No  
If yes, who, when, for what? \_\_\_\_\_
2. Does anyone in you household currently use a controlled or illegal drug? Yes No  
If yes, please explain: \_\_\_\_\_
3. Has anyone in you household ever been convicted of a felony or arrested for violent criminal activity? Yes No  
If yes, who, when, for what? \_\_\_\_\_
4. Does anyone outside of your household pay for any of your bills or expenses? Yes No  
If yes, who, when, for what? \_\_\_\_\_
5. Do you or anyone in your household smoke or use tobacco products? Yes No
6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? If So Who? \_\_\_\_\_ Yes No

**IV. Reasonable Accommodations**

Sometimes people with a physical or mental impairment that substantially limits one or more major life activities may need a reasonable accommodation in order to take full advantage of the Housing Authority's housing programs and related services. If you feel that you need a reasonable accommodation to fully take advantage of our housing programs, please check the following Reasonable Accommodations:

- In-home visits by staff
- Expanded use of mail, electronic mail, Fax, Fed Ex, or UPS
- Use of literature or translator in a language other than English
- Physical modifications to existing units (ramp, grab bars, assist devices, etc.) \_\_\_\_\_
- Use of the Maryland Relay Telephone 1-800-201-7165
- Use of literature in large type, Braille, or a "reader"
- Handicapped accessible homes or other devices



**VI. Current Income Information**

Please enter each type of income that any household member will have in the next year. This includes: Employment, Social Security (SS), Supplemental Social Security (SSI), Temporary Cash Assistance (TCA), unemployment, child support, alimony, Veterans, Railroad, Pension, severance pay, food stamps, cash tips, bonuses, military or reserve pay, etc.

Household Member Name: \_\_\_\_\_ Type of Income: \_\_\_\_\_

Income Source Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Source Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ (mm/dd/yyyy) Income: \$ \_\_\_\_\_ Per Hour \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Housing Authority Income Code: \_\_\_\_\_

Annual Gross Income Amount \$ \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Type of Income: \_\_\_\_\_

Income Source Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Source Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ (mm/dd/yyyy) Income: \$ \_\_\_\_\_ Per Hour \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Housing Authority Income Code: \_\_\_\_\_

Annual Gross Income Amount \$ \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Type of Income: \_\_\_\_\_

Income Source Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Source Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ (mm/dd/yyyy) Income: \$ \_\_\_\_\_ Per Hour \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Housing Authority Income Code: \_\_\_\_\_

Annual Gross Income Amount \$ \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Type of Income: \_\_\_\_\_

Income Source Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Source Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ (mm/dd/yyyy) Income: \$ \_\_\_\_\_ Per Hour \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Housing Authority Income Code: \_\_\_\_\_

Annual Gross Income Amount \$ \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Type of Income: \_\_\_\_\_

Income Source Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Source Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ (mm/dd/yyyy) Income: \$ \_\_\_\_\_ Per Hour \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Housing Authority Income Code: \_\_\_\_\_

Annual Gross Income Amount \$ \_\_\_\_\_

**VII. Current Asset Information**

Please answer each question below. If you answer "YES" to any of these questions, please submit supporting documentation.

	Yes	No
Do you or any of your household members have a savings or checking account over \$500?		
Do you or any of your household members have stocks, bonds or Certificate of Deposits?		
Do you or any of your household members have a Money Market or trust fund?		
Do you or any of your household members have a Retirement, 401K, federal thrift savings plan (TSP), IRA or Keogh Account?		
Do you or anyone in your household, own or have an interest in commercial or residential real estate including a mobile home?		

Have you or anyone in your household sold any real estate or disposed of any other type of asset in the last two years?  
If Yes, complete below:

Name of Household Member	Type of Asset Disposed of	Value of Asset	Amount Received

**VIII. Expenses**

Enter any Medical (elderly, handicap and or disabled only), Child Care or Handicap Expenses that your household currently pays.

Family Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Expense per: \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year Address: \_\_\_\_\_  
 Expense Cost: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Expense per: \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year Address: \_\_\_\_\_  
 Expense Cost: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Expense per: \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year Address: \_\_\_\_\_  
 Expense Cost: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ State, Zip: \_\_\_\_\_

**IX. Pets**

Do you have a pet(s)? No \_\_\_ Yes \_\_\_ If yes, how many and what type(s): \_\_\_\_\_

**X. References**

Enter references that can be contacted to determine housing suitability.

**Credit Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Account #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**XI. Local Preferences**

The Housing Authority provides local preferences for individuals applying for occupancy in one of our housing communities. Please check any of those on the left side below that apply:

<input type="checkbox"/>	Resident of the City of Cumberland, Maryland	Additional preferences listed below shall be given for High Rise Elderly buildings. Please check any that apply:	<input type="checkbox"/>	Elderly or disabled (over 62 years of age)
<input type="checkbox"/>	Resident of Allegany County, Maryland		<input type="checkbox"/>	Near Elderly or disabled (> 50 & < 62 years of age)
<input type="checkbox"/>	Disabled Veteran (head of household or spouse)		<input type="checkbox"/>	Disabled Person 18 – 49 Years of Age
<input type="checkbox"/>	Disaster Displaced due to flood, fire or government action		<input type="checkbox"/>	Single Person not Elderly or Disabled
<input type="checkbox"/>	Employed more than 30 hrs/week			
<input type="checkbox"/>	Employed less than 30 hrs/week			
<input type="checkbox"/>	Employment Training Program *			

\* Applicants with an adult family member enrolled in an employment training program, currently working 10 hours a week, or attending school on a full time basis. This preference is also extended equally to all elderly families and all families whose head of household or spouse is receiving income based on their ability to work (Social Security, Supplemental Social Security, etc.)

**XII. Site Based Waiting List**

Place a "1" on the line preceding the Community which is your first choice for location and a "2" for your second choice. The second choice is optional and not required. Please indicate the size of unit you are requesting by placing an "X" in the bedroom size next to the type of community you are requesting.

**Family** \_\_\_\_\_ Jane Frazier Village: 1 Bedroom: \_\_\_\_\_ 2 Bedroom: \_\_\_\_\_ 3 Bedroom: \_\_\_\_\_ 4 Bedroom: \_\_\_\_\_

**Communities:** Closed Fort Cumberland Homes: 2 Bedroom: Closed 3 Bedroom: Closed 4 Bedroom: Closed

\_\_\_\_\_ Banneker Gardens: 2 Bedroom: \_\_\_\_\_ 3 Bedroom: \_\_\_\_\_

**High Rise Elderly** Closed John F. Kennedy Apartments: Efficiency: Closed 1 Bedroom: Closed

**Communities:** \_\_\_\_\_ Queen City Tower: Efficiency: \_\_\_\_\_ 1 Bedroom: \_\_\_\_\_ 2 Bedroom: \_\_\_\_\_



The Housing Authority of the City of Cumberland, Maryland is an Equal Opportunity Housing provider and does not discriminate on the basis of Race, Color, Religion, National Origin or Ancestry, Sex, Disability, the presence of children or any other legally protected status under local, state or federal law.



**XIII. Certification of Information**

**WARNING!** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand and acknowledge that any misrepresentation of information or making false statements on this affidavit is a crime under State and Federal law, which may result in termination from the program and criminal prosecution.

I/We understand that **ALL** changes in the income of **ANY** member of the household **MUST** be reported within 10 days of occurrence. Also the Housing Authority must approve **ANY** additional household members **BEFORE** they move in.

I/We understand and acknowledge that before our application is approved for housing, a rental history, criminal background check and possibly an inspection at your current residence will be conducted.

**I have received a notice of the Section 214 requirements with this application.** (circle one) **Yes** **No**

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

If you have had someone outside of your household to help you complete this application, please provide their name and relationship to your family.

\_\_\_\_\_  
Name Relationship to your Family Date

For Office Use Only						
Waiting List	Unit offered	BR	Date Offered	Response	Response Date/Time	Initials
	1)					
	2)					
	3)					