

**PENDER COUNTY HOUSING DEPARTMENT  
FAMILY INFORMATION CERTIFICATION**

Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

MAILING Address: \_\_\_\_\_ (Check Here if new )

E-mail Address: \_\_\_\_\_

**\*\* IT IS YOUR RESPONSIBILITY TO FULLY REPORT ALL HOUSEHOLD INCOME, EXPENSES AND OCCUPANTS IN WRITING\*\***  
*READ THIS FORM CAREFULLY. Full written disclosure is required. Incomplete reports will not be processed.*

HAVE YOU HAD ANY CHANGES IN YOUR HOUSEHOLD SINCE YOUR LAST APPOINTMENT?

- NO. I have had no changes since my last review.  
 YES. Date Change Happened: \_\_\_\_\_

Explain Change: \_\_\_\_\_

**STATEMENT OF FAMILY COMPOSITION**

LIST ALL OF PEOPLE LIVING IN YOUR HOUSEHOLD (OR WHO WILL BE LIVING WITH YOU). LIST YOURSELF FIRST.

<b>HOUSEHOLD MEMBER NAME</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>LAST FOUR DIGITS OF SOCIAL SECURITY #</b>	<b>WORKING? (ANSWER YES OR NO)</b>	<b>STUDENT? (ANSWER YES OR NO)</b>
	MYSELF					

**\*\*BY SIGNING THIS FORM I/WE CERTIFY THAT ALL MINORS LISTED ON THIS FORM (OR AN ATTACHED FORM) ARE LEGALLY AND PHYSICALLY IN MY/OUR CUSTODY. \*\***

ARE YOU:  MARRIED  DIVORCED  SEPARATED  SINGLE  WIDOWED  DOMESTIC PARTNERSHIP

IS THERE ANYONE LISTED ON YOUR FOODSTAMP CASE (if any) WHO IS **NOT** LISTED ON THIS FORM?

NO  YES - NAME \_\_\_\_\_ Explain Why: \_\_\_\_\_

IS THERE ANYONE WHO STAYS IN YOUR HOME ON A REGULAR BASIS WHO IS **NOT** LISTED ON THIS FORM?

NO  YES - NAME: \_\_\_\_\_

If yes, EXPLAIN WHY & HOW OFTEN: \_\_\_\_\_

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

**PENDER COUNTY HOUSING DEPARTMENT  
HOUSEHOLD INCOME, EXPENSES AND ASSETS \***

**INCOME:** (REPORT ALL JOBS WORKED BY ANY/ALL HOUSEHOLD MEMBERS IN THE LAST 12 MONTHS. USE THE EMPLOYMENT HISTORY REPORTING FORM IF YOU NEED ADDITIONAL SPACE TO REPORT.)

NAME OF EMPLOYED HOUSEHOLD MEMBER:		
EMPLOYER NAME:	YOUR JOB TITLE:	
ADDRESS:	EMPLOYER TELEPHONE #:	
HOW LONG HAVE YOU BEEN EMPLOYED? _____ (check one) <input type="checkbox"/> WKS <input type="checkbox"/> MOS <input type="checkbox"/> YRS	RATE OF PAY: \$	HOURS PER WK:
<input type="checkbox"/> Check here if, this job has ended. GIVE DATE: _____	HOW OFTEN ARE YOU PAID? (check one) <input type="checkbox"/> WKLY <input type="checkbox"/> BI –WKLY <input type="checkbox"/> MONTHLY	

NAME OF EMPLOYED HOUSEHOLD MEMBER:		
EMPLOYER NAME:	YOUR JOB TITLE:	
ADDRESS:	EMPLOYER TELEPHONE #:	
HOW LONG HAVE YOU BEEN EMPLOYED? _____ (check one) <input type="checkbox"/> WKS <input type="checkbox"/> MOS <input type="checkbox"/> YRS	RATE OF PAY: \$	HOURS PER WK:
<input type="checkbox"/> Check here if, this job has ended. GIVE DATE: _____	HOW OFTEN ARE YOU PAID? (check one) <input type="checkbox"/> WKLY <input type="checkbox"/> BI –WKLY <input type="checkbox"/> MONTHLY	

IS ANYONE IN YOUR HOUSEHOLD **SELF-EMPLOYED** (SUCH AS LAWN CARE, HANDY-MAN, HAIR BRAIDING, HOUSE CLEANING, ETC)?

NO  YES – NAME: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_

DO YOU OR DOES **ANYONE** IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

TYPE	YES OR NO?	IF YES, HOW MUCH?	HOW OFTEN ARE YOU PAID?	NAME OF HH MEMBER	NAME OF CASEWORKER AT PENDER DSS
Work First / OAP / AND		\$			
ALIMONY/MAINTENANCE		\$			
FOOD STAMPS		\$			
SOCIAL SECURITY/SSI/SSDI		\$			
Unemployment Benefits		\$			
VA Benefits		\$			
Pension/retirement		\$			
FINANCIAL AID		\$			
GIFT OR OTHER INCOME NOT LISTED ABOVE		\$		Explain:	

DO YOU RECEIVE CHILD SUPPORT? Choose the answer that **BEST** describes your situation.

- YES  NO – Both parents for all children are in the home.
- NO-there are children in my household, but I do not receive support.
- NO-there are NO children in my household & I am not entitled to child support (current or arrears).
- NO – The absent parent for all children is deceased.

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**PENDER COUNTY HOUSING DEPARTMENT**

- DOES ANYONE **NOT** LISTED ON THIS FORM YOU HELP YOU PAY BILLS?  YES  NO  
IF YES, WHO AND HOW MUCH? \_\_\_\_\_

**\*IF YOU ARE CLAIMING TO HAVE NO INCOME or IF THE INCOME YOU REPORT IS SO LOW THAT IT IS NOT ENOUGH TO MEET REASONABLE EXPENSES FOR YOUR FAMILY, EXPLAIN HOW YOU PAY BASIC LIVING EXPENSES.\***

**ASSETS:**

DOES ANYONE IN YOUR HOUSEHOLD HAVE ASSETS SUCH AS CHECKING/SAVINGS ACCOUNTS, LAND, ETC.?

- YES- You must disclose all accounts/assets owned by any/all household members.**
- NO, No one in my household has assets/bank accounts.**

IF YOU HAVE INCOME, BUT YOU DO NOT HAVE A CHECKING/SAVINGS ACCOUNT, **EXPLAIN HOW YOU RECEIVE YOUR PAY & PAY YOUR BILLS:** \_\_\_\_\_

**EXPENSES:**

**ELDERLY/DISABLED ONLY:**

DO YOU HAVE OUT OF POCKET COSTS FOR MEDICAL EXPENSES?  YES  NO

*IF YES, YOU MUST PROVIDE PROOF OF OUT-OF-POCKET COSTS INCLUDING PROOF YOU ARE PAYING THEM IN ORDER TO RECEIVE CREDIT. A 12-MONTH HISTORY/PRINTOUT FROM THE DOCTOR/PHARMACY/PROVIDER IS REQUIRED TO SHOW YOU ARE MAKING REGULAR PAYMENTS.*

**CHILDCARE:**

DO YOU HAVE CHILDREN IN CHILD CARE?  YES  NO IF YES, COST: \$ \_\_\_\_\_ PER (check one) WK MO

WHO PAYS THE OUT OF POCKET COST OF YOUR CHILD CARE EXPENSES? \_\_\_\_\_

**DO YOU RECEIVE CHILD CARE ASSISTANCE?**

- YES - **PROVIDE A COPY OF YOUR PARENT FEE WORKSHEET.**
- NO - GIVE NAME, ADDRESS & PHONE NUMBER OF YOUR CHILD CARE PROVIDER:

WHO PAYS UTILITIES WHERE YOU LIVE NOW? \_\_\_\_\_

Check the utilities that you are responsible for paying:  Electric  Gas/oil  Water  Sewer  Trash

DO YOU EXPECT ANY CHANGES FOR YOUR FAMILY IN THE NEXT 12 MONTHS, INCLUDING ANY UPCOMING CHANGES IN HOUSEHOLD INCOME? (i.e.: *new baby, marriage/divorce, someone moving?*)

NO  YES, EXPLAIN: \_\_\_\_\_

DO YOU HAVE A CAR?  NO  YES - **ANSWER THE FOLLOWING:**

WHOSE NAME IS ON THE CAR REGISTRATION? \_\_\_\_\_

WHO PAYS FOR: CAR INSURANCE: \_\_\_\_\_ AMT: \$ \_\_\_\_\_ PER MO

GAS & REPAIRS: \_\_\_\_\_ AMT: \$ \_\_\_\_\_ PER MO

DO YOU HAVE A CAR PAYMENT?  NO  YES – **ANSWER THE FOLLOWING QUESTION:**

WHO PAYS IT? \_\_\_\_\_ AMT: \$ \_\_\_\_\_ PER MO

**PENDER COUNTY HOUSING DEPARTMENT**

Do you have a cell phone?  NO  YES – Whose name is on the bill? \_\_\_\_\_

Do you have cable or satellite TV?  NO  YES – Whose name is on the bill? \_\_\_\_\_

If you have very low or no income, how do you pay for “extras” like tattoos, eating out, cigarettes, alcohol, hair color, artificial nails, etc? (If someone else pays for “extras”, please explain who and how much)

\_\_\_\_\_

Please explain any changes in your criminal history **or that of any household member** since your last report (OR since you applied, if you are interviewing for eligibility). *Use a separate sheet of paper, if needed.*

No Change

Yes, there are have changes. EXPLAIN: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I DECLARE UNDER PENALTY OF PERJURY, & BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTE 15§157-29, THAT THE INFORMATION IS TRUE & COMPLETE.**

I/WE UNDERSTAND THAT INFORMATION GIVEN TO THE HOUSING AUTHORITY MAY BE GIVEN TO THE PENDER COUNTY DEPARTMENT OF SOCIAL SERVICES. I/WE CERTIFY THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

BY SIGNING THIS DISCLOSURE, I /WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING DEPARTMENT (OR IT’S AGENT), TO CONTACT & OBTAIN ANY INFORMATION REQUIRED FROM ANY OF THE **INDIVIDUALS /ENTITIES** LISTED ON THIS DISCLOSURE, OR FROM ANY OTHER INDIVIDUALS/ENTITIES REQUIRED TO VERIFY ELIGIBILITY.

**(ALL ADULT HOUSEHOLD MEMBERS, 18 YEARS OLD OR OLDER, MUST SIGN THIS FORM)**

HEAD OF HOUSEHOLD: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_