

# Intake Declaration

La Autoridad de Viviendas de Reno se ha comprometido a ofrecer accesibilidad a sus programas y actividades para todos los clientes elegibles, inclusive para aquellas personas limitadas en sus habilidades del manejo del idioma Ingles. Por favor informe a nuestro personal si requiere otra forma diferente de comunicación que no sea verbal por escrito en ingles

**Instructions for completing this form:** Complete this all blanks on this form. Write the word "NONE" if the information does not apply. All adult members in the household must sign this declaration to certify accuracy of the information reported.

## 1. Household Composition

List ALL persons who are living in your home, with head of household first, other adults, then children. If you need additional room, please print information on blank paper and attach.

\*Race (may select multiple options): W =White, B = Black/African American,  
I = American Indian/Alaska Native, A = Asian, N = Native Hawaiian/Other Pacific Islander

Name Last, First	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity	Disability Yes/No	Social Security Number
_____	Head of Household	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____
_____	_____	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____
_____	_____	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____
_____	_____	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____
_____	_____	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____
_____	_____	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____
_____	_____	_____	Male	_____	Hispanic	Yes	_____
_____	_____	_____	Female	_____	Non-Hispanic	No	_____

## 2. PROGRAM INTEGRITY INFORMATION – Circle YES or NO and give details, if applicable.

1. Do you expect anyone to move in or out of your household?	YES	NO
2. Does anyone else live with you now who is not listed in the household composition section of this form? Is any	YES	NO
3. member of your household over the age of 18 attending school? If yes, who? _____ School name? _____ Select student status:	YES	NO
4. Has any member of your household ever used a social security number other than the one listed above? If yes, what is it? _____	YES	NO
5. Have you or has anyone in your household ever been convicted of the manufacture or production of methamphetamines (speed) on the premises of public or assisted housing? If yes, who? _____ When? _____ What? _____	YES	NO
6. Are any household members required to register as a sex offender? If yes, who? _____	YES	NO

## 3. YOUR CURRENT MONTHLY EXPENDITURES

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Auto Payment \$	Cable \$	Credit Card \$
Gas \$	Auto Ins. \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Other \$
Do any household members have any other regular monthly payments besides those above? If yes, Specify _____			YES NO
Does the household have out of pocket medical expenses?			YES NO
Is anyone outside your household paying any of these bills? If yes, Amount \$ _____			YES NO

**4. TOTAL HOUSEHOLD INCOME** - List all money earned or received by **everyone** living in your household.

Source of Income	Income	Name of Family Member(s)
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Employer: Address:	Rate of Pay: _____ # of hours per week: _____ Overtime _____ Tips _____	
Self-employed	\$	
Unemployment	\$	
TANF	\$	
Food Stamps	\$	
Child Support for _____	\$	
Spousal Support	\$	
Military pay	\$	
Pension, retirement, Annuity, etc.	\$	
Social Security	\$	
SSI – Social Security Supplemental Income	\$	
SSD – Social Security Disability	\$	
Disability Payments - NOT through Social Security	\$	
Scholarships/Financial Aid	\$	
Cash contributions from someone outside household	\$	
Other (source: _____)	\$	

**Earned Income of Minor**

Name:	Source:	\$
Name:	Source:	\$

**5a. ASSETS** – Circle YES or NO and give details, if applicable.

1. Does anyone in your household own or have an interest in any real estate, boat and/or mobile home?	YES	NO
2. Is anyone in your household retaining personal property (coin collection, antiques, etc.) as an investment? If yes, details: _____	YES	NO
3. Does anyone in your household own any stocks, bonds, treasury bills, certificates of deposit or money market funds?	YES	NO
4. Are there any retirement funds (IRA, 401k, annuities, etc.) available to your household? If yes, company name and address: _____	YES	NO
5. Are there any trust funds available to your household? If yes, trust fund name and address: _____	YES	NO
6. Does anyone in your household have a checking account?	YES	NO
7. Does anyone in your household have a savings account?	YES	NO
8. Has anyone in your household sold, disposed of, or otherwise transferred any assets for less than fair market value within the past two years? If yes, details: _____	YES	NO
9. Does anyone in your household have a whole life insurance policy? If yes, Policy # _____ Insurance Company name & address _____	YES	NO

**5b. ASSET CERTIFICATION**

**The following items are considered assets:** checking accounts; savings accounts; money market funds; trust funds; annuities; stocks; bonds; certificates of deposit (CDs); treasury bills; whole life insurance policies; real estate; personal property being held as an investment.

Please check the box that applies:

I certify that **no one** in my household has any assets.

I declare that my household has the following assets:

List all assets held by any member of the household. (If you need to list more than four accounts, please use an additional sheet):

Family Member	Type of Asset	Bank Name	Current Balance

**6. ALLOWABLE EXPENSES – Child Care, for household members under the age of 13**

Child care provider's name:	Phone:
Complete mailing address:	
Amount paid by family per week: \$	Number of children cared for:
Cost of childcare per week: \$	

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I certify that the information given to the Reno Housing Authority (RHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to RHA all changes in family composition, income, assets, and expenses of any family member(s) within thirty calendar (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of RHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance. I further acknowledge the following warning:

**WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

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

Signature of Spouse or Co-Tenant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

## Child Support Declaration

Please complete one form per non-custodial parent. (A non-custodial parent is the mother/father of the below-listed child(ren) who is not listed in the approved household composition)

**Name of Non-Custodial Parent:** \_\_\_\_\_

**Name of Child(ren):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has there ever been a court order for child support? If yes, a copy must be on file with the Reno Housing Authority.**

No       Yes - Amount of order \$ \_\_\_\_\_

**Are you currently receiving child support?** This may include cash paid to you or items (diapers, food, clothing, etc.) purchased for the above-named child(ren). *If the non-custodial parent provides non-cash support, please give an estimate of the cost of the items provided.*

No       Yes - Amount received \$ \_\_\_\_\_

**Who sends you the payments?**

Child Support Enforcement Agency. *Please provide their name and address on the following lines:*

\_\_\_\_\_  
\_\_\_\_\_

The non-custodial parent sends the money directly to me or purchases items (diapers, food, clothing, etc.) for the above-referenced child(ren). *Please provide their address on the following lines:*

\_\_\_\_\_  
\_\_\_\_\_

If you are NOT receiving child support, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the answers I have given are true and accurate to the best of my knowledge. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance.

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

**WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**



## Applicant Declaration of Section 214 Status

This Section to be completed by the Applicant

**Instructions:** Complete the declaration below by signing and dating the ONE box that applies.

All members listed on your application, including minors must complete one form each.

The responsible adult must sign and date the form on behalf of any minors.

Relationship to the head of household:

Self  Child  Cohead  Other Adult  Live-in Aide  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

**1. I AM A CITIZEN BY BIRTH, A NATURALIZED CITIZEN OR NATIONAL OF THE UNITED STATES OF AMERICA.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I am signing on behalf of a child listed on my application for whom I am responsible.
- I am signing on behalf of a child being added to my application/housing assistance for whom I am responsible.

IF YOU SIGNED THIS BOX NO OTHER ACTION NEEDED

**2. I AM NOT CLAIMING AN ELIGIBLE IMMIGRATION STATUS AND I UNDERSTAND THAT I AM NOT ELIGIBLE FOR FINANCIAL HOUSING ASSISTANCE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I am signing on behalf of a minor listed on my application for whom I am responsible. I understand this child is not eligible for financial housing assistance.
- I am signing on behalf of a minor being added to my application/housing assistance for whom I am responsible. I understand this child is not eligible for financial housing assistance.

IF YOU SIGNED THIS BOX NO OTHER ACTION NEEDED

**3. I AM A NON-CITIZEN WITH AN ELIGIBLE IMMIGRATION STATUS, AS DESCRIBED ON THE REVERSE OF THIS PAGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I am signing on behalf of a child listed on my application for whom I am responsible.
- I am signing on behalf of a child being added to my application/housing assistance for whom I am responsible.

**IF YOU SIGNED THIS BOX, SEE THE REVERSE PAGE FOR ADDITIONAL INFORMATION. ►**

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*



**This Section to be completed by the Applicant. If you checked box 3 on the front side of this page and are claiming to be a non-citizen with eligible immigration status, you must meet one of the following criteria and must provide supporting documentation.**

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

**You must submit one of the following supporting documents listed below to RHA:**

- Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- Form I-94, Arrival-Departure record, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207"
  - b) "Section 208" or "Asylum"
  - c) "Section 243(h)" or "Deportation stayed by Attorney General"
  - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
  - c) A court decision granting withholding of deportation; or
  - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- Form I-152, Alien Registration Receipt Card.

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**If you checked box 3 on the reverse side, please complete this consent form:**

**Verification Consent**

I, \_\_\_\_\_ hereby consent to the following:

1. I understand I must provide at least one of the supporting documents listed above by the date requested by RHA.
2. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
3. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

07/20/2023