GEORGIA DEPARTMENT of COMMUNITY AFFAIRS

APPLICATION:
Date:
Time:

HOME-ARP QUALIFYING POPULATION/LOW-INCOME DECLARATION FORM

HH Last Name:		HH First Name:	
Agency Referred From:		Household Size:	
HOME-ARP Activities and Services applying for:			
List the year this household receive this service before?		OR ☐ First Time Recipient	
Veteran (Y/N)		Household Type:	☐ Single, non-elderly ☐ Elderly ☐ Single Parent ☐ Two Parents ☐ Other
Hispanic/Latino (Y/N)			
Race	☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Other/Multi-Racial	Assistance Type:	☐ No Assistance ☐ HCV ☐ Other Federal, State or Local Assistance

Rental Housing Only:

Unit No.		Total Monthly Rent		# of Bedrooms:	

Qualified Population ("QP") Declaration

INSTRUCTIONS: Complete the declaration below by reviewing all definitions from the accompanying HOME-ARP QP Definition Supplement to this form and checking the ***one*** that applies to you and your household:

I, _____, hereby declare, under penalty of perjury, that I am:

- ☐ QP1: Homeless
- ☐ QP2: At-Risk of Homelessness
- ☐ QP3: Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking – I am fleeing, or attempting to flee
- ☐ QP4: Other Populations – I do not meet ANY of the above declarations based on the supplemental page to this document.
- ☐ *Low-income household: Families whose incomes do not exceed 80% of the area median income (Rental Housing Participants only)*

Use the space provided below to explain what part of your living situation meets the above housing criteria:

_____

_____

_____

_____

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 and any owner (or any employee of HUD 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 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).

Family Information

Below list all the people who are in your household. Each box must be completed for each family member. No one except those listed on this form may receive assistance or live in a HOME-ARP unit. Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from Temporary Assistance for Needy families (TANF), Veterans Affairs (VA), Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSID), Federal or State Unemployment, Wages, Worker's Compensation, Child Support, etc.

Example: Wages, $150, weekly; SSI, $421, monthly

Family Member Name	Relationship to Head of Household	Age	Gender	Student ? (Y/N)	Income Source	Amount	Frequency

Are you anticipating any changes in your family size? Custody changes or current pregnancies (this does not disqualify you for services but helps to better understand the number of bedrooms needed)? Getting married? If so, please detail any known changes below:

_____

_____

CONSENT: I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible qualification status to enable me to receive financial assistance for housing.
2. The release of such evidence of eligible qualification status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, too.
    (a) Housing and Urban Development (HUD) and the Comptroller General of the United States, as required by HUD;
    (b) DCA for the purpose of verification of the qualification status of the individual; and
    (c) Any of the above-mentioned representatives to make audits, examinations, excerpts, and transcripts.

NOTIFICATION: Evidence of eligible qualification status shall be released only to DCA 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 DCA.

_____ _____

Full Name Printed Date

_____

Signature

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