

**APPLICANT/TENANT CERTIFICATION**

**Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the Application form/Personal Declaration form and certify that the information shown is true and correct.

**Reporting Changes in Income or Household Composition**

I know I am required to immediately report, in writing, any increases in income and any changes in the household size, when a person moves in or out of the unit. I understand the lease requirements regarding guests/visitors.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the house or apartment will be my only residence. I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings, keeping inspection appointments and completing and signing needed forms. I understand failure or refusal to do so may result in delays and termination of assistance.

**Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

**Signature and Date of Household Adults**

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____