HOUSING AUTHORITY
OF THE COUNTY OF SANTA CRUZ

2931 Mission Street, Santa Cruz, CA 95060-5709 Telephone:(831) 454-9455, Hollister: (831) 637-0487
Fax:(831) 469-3712, TDD (831) 469-0122
www.hacosantacruz.org

SELF-CERTIFICATION / STATEMENT OF FACT

Head of Household Name: _____ Tenant ID: _____

Address: _____ Telephone: _____

By signing this form I, _____ certify that: _____

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I further acknowledge and understand that this Self-Certification is true, correct, and complete and will be relied upon for purposes of determining my assistance for the Section 8 Housing Choice Voucher Program or Low Income Public Housing. Any misstatement or false statement may result in denial / loss of assistance. In addition, I understand that any misrepresentation in my statements may be considered to be fraud and I may be required to repay all assistance overpaid on behalf of my family.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

X _____

Print Name Signature Date

X _____

Print Head of Household Name Signature Date