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SELF-CERTIFICATION / STATEMENT OF FACT

Head of Household Name: _____ Tenant ID: _____

Address: _____ Telephone: _____

By signing this form I, _____ certify that: _____

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