

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.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report immediately any changes in income and any changes in the household size, when a person moves in or out of the unit.

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.

COOPERATION

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

CRIMINAL AND ADMINISTRATION 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 or termination of tenancy.

SIGNATURES AND DATE OF HOUSEHOLD ADULTS

- | | | |
|----------|-------|--------------------|
| 1) _____ | _____ | _____ |
| | Date | Social Sec. Number |
| 2) _____ | _____ | _____ |
| | Date | Social Sec. Number |
| 3) _____ | _____ | _____ |
| | Date | Social Sec. Number |
| 4) _____ | _____ | _____ |
| | Date | Social Sec. Number |

PHA OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

I understand that:

- 1) The information given to the Allen Metropolitan Housing Authority by the household of _____ on household composition, income, net family assets and allowances and deductions has been verified as required by law.
- 2) The family was eligible at admission.
- 3) The family has certified that it has given our agency accurate and complete information.

Signature

Date