

APPENDIX 2-4

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)'S/TENANT(S)'S STATEMENT

I/We certify that the information* given to the Housing Agency on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. UAdd reference to State law if applicable.e I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-Free Hot Line at 800-424-8590. (Within the Washington, DC Metropolitan Area, call 426-3500.)

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.