

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 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately, or within 10 days, in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

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 principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the management office 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 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 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 or termination of tenancy.

Reporting Absences from Assisted Unit

Absence means that no member of the family is residing in the unit. This policy shall be enforced utilizing the following requirements:

1. The family must notify the HA of any absence from the unit including providing any information requested concerning the purpose of family absences. 2. The HA may verify family occupancy in the unit, or absence from the unit, by such techniques as visits, calls or letters to landlords, neighbors, etc. 3. The following specific policies apply: a. Absence from the dwelling unit due to incarceration after being convicted of a crime will result in the immediate termination of housing assistance; b. Absence from the dwelling unit due to hospitalization or rehabilitation of a HOUSEHOLD MEMBER will be limited to a maximum period of ninety (90) days in any twelve-month period (extensions due to unforeseeable circumstances regarding hospitalization or rehabilitation may be granted up to 30 additional days); c. Absence from the dwelling unit due to vacations will be limited to a thirty-day period within any twelve (12) month period; d. Absence from the dwelling unit due to temporary relocation due to employment will be limited to 42 days (6 weeks). e. Absence from the unit due to family emergencies will be limited to a 30-day period. In such case, family must request permission in writing or may obtain permission via telephone from HA. In such case, the HA will follow up with written correspondence documenting telephone conversation or responding to written request and mail to the assisted unit address. Absences in this case will be limited to a maximum of 30 days. 4. If a family is absent for longer than the maximum period permitted above, housing assistance payments will cease, and the term of the HAP Contract and Lease will terminate. a. The owner must reimburse the HA for any housing assistance payment for the period after the termination.

Signature of Head of Household

Date