PHILLIPSBURG DCD

PHILLIPSBURG SECTION 8 HCV PROGRAM (PS8HCV 05/2020)

**APPLICANT/TENANT CERTIFICATION**

**Giving True and Complete Information**

I certify that all the information provided on the 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 completed the Tenant Information Form and certify that the information shown is true and correct.

**Reporting Changes In Income or Household Composition**

I know that I am required to report in writing any changes in income and changes in household size, when a person moves in or out of the unit. I understand in order to report any changes in income and/or household composition, I **must complete** an Interim Change Request Form and supply verifications to support my request for an interim change within two weeks of the change.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous federal housing assistance and if I owe money to any other Public Housing Agency. I certify that 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 program. I will not live anywhere else without notifying Phillipsburg Section 8 HCV Program immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know that 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 meeting, completing, signing and returning all needed forms. I understand failure 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.

**Signature and Date of Household Adults**

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Household Date

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Spouse Date

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Other Adult Date

4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Other Adult Date

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.



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