

APPLICANT/RESIDENT 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 all changes in income or household composition (additional or less members) by the 25th of the month and/or within ten (10) calendar days of the change.

I understand the rules regarding guests/visitors which states "Visitors may not stay longer than fourteen (14) consecutive days or a total of fourteen (14) days in a twelve (12) month period without written approval from MHRA."

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 I will not obtain duplicate Federal housing assistance while I am on the Housing Choice Voucher program.

Cooperation

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

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, and/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 and/or termination of tenancy.

<u>Signature and Date of Household Adult 1)</u>	_____	/	/
<u>Signature and Date of Household Adult 2)</u>	_____	/	/
<u>Signature and Date of Household Adult 3)</u>	_____	/	/
<u>Signature and Date of Household Adult 4)</u>	_____	/	/

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or 1-800-827-5005.

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

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.