



Centerville Housing Authority

APPLICATION / 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, are accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true, correct, and legible.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

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

REPORTING OR 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 Housing Authority 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, and/or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure 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 or inaccurate information is punishable under Federal and State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature and date of household adults (ALL PERSONS 18+)

- | | |
|----------|------------|
| 1. _____ | Date _____ |
| 2. _____ | Date _____ |
| 3. _____ | Date _____ |
| 4. _____ | Date _____ |

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hotline at: 1-800-669-9777.