T code_____

Caseworker_____

# AFFIDAVIT

I, _____, do hereby declare:

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I certify under the penalty of perjury that the above information I have given is true, accurate and complete to the best of my knowledge. I understand my eligibility for housing assistance may be denied if the information is later determined to be untrue, inaccurate or incomplete, or otherwise fraudulently given by the omission of relevant facts.

_____ _____

Print name Phone number

_____ _____

Signature Enter Vendor # OR Last 4 of SSN

_____ _____

Signature of Witness Date



Revision Date: 01/26/2012

Equal Housing Opportunity

**Sacramento Housing & Redevelopment Agency** 630 I Street, Sacramento, CA 95814
Phone (916) 440-1390 | fax (916) 449-1285 | www.shra.org