



T code _____

Caseworker _____

AFFIDAVIT

I, _____, do hereby declare:

Multiple horizontal lines for writing the declaration.

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

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