



## APPLICANT / TENANT CERTIFICATION FORM

Initial each statement certifying that you read and agree to the conditions.

### \_\_\_\_\_ 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. I have reviewed the application form and certify that the information shown is true and correct.

### \_\_\_\_\_ Reporting changes In Income and/or Household Composition

I know I am required to report in writing within 30 days any changes in income and/or family composition. (i.e., when a person moves in or out of the unit) I understand the rules regarding guest/visitors and when I must report who is staying with me. CTCOG/Housing Division’s policy is that you must notify CTCOG/Housing Division if a guest/visitor will be staying with you for 2 or more weeks. However, you must also consult your lease with your landlord to ensure you follow those terms as well.

### \_\_\_\_\_ Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether 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 unit for which I receive assistance 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 immediately notifying the Central Texas Council of Governments/Housing Division 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, or verify my true circumstances. Cooperation includes attending scheduled appointments, briefings, turning in requested information/documentation and completing and signing needed forms. I understand failure or refusal to do so may result in delays and/or termination of assistance.

### \_\_\_\_\_ Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of my housing assistance.

**All household members 18 and over must sign this certification form.**

Head of Household: _____	Date: _____
Spouse/Cohead/ Significant other: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____

CTCOG Housing Division does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry or sexual orientation for access, admission, or employment in housing programs, resources or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.



## APPLICANT/TENANT RELEASE AND CONSENT

I/We, \_\_\_\_\_ the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purpose of verifying information on my/our Section 8 application.

I/We authorize release of the information without liability to the agency requesting the information or those providing the information.

### INFORMATION COVERED

I/ We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to personal identity, student status, employment, income, assets, and medical or childcare allowances.

I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to eligibility for and continued participation as a qualified participant in the Section 8 Program.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information includes, but is not limited to:

- Past & Present Employers
- Support & Alimony Providers
- Educational Institutions
- Banks and other Financial Institutions
- Previous Landlords (Including Public Housing Agencies)
- State Unemployment Agencies
- Welfare Agencies
- Social Security Administration
- Medical and Childcare Providers

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed.

I/We understand that I/We have the right to review this file and correct any information.

Head of Household: _____	Date: _____
Spouse/Cohead/ Significant other: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____

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