



Alachua County Housing Authority

703 N.E. 1st Street · Gainesville, FL 32601

(352) 372-2549 · Fax (352) 373-4097

APPLICANT – TENANT CERTIFICATION

APPLICANT(S) - TENANT(S) STATEMENTS

I/We certify that the information* given to the Alachua County Housing Agency on household composition, income, net family, assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/we understand that false statements if information are **punishable under Federal and/or State Laws**. I/We also understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot Line at (800)424-8590. (Within the Washington DC Metropolitan Area, call 202-426-3500).

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

*****Please Note: The United States Department of Housing & Urban Development places a high priority on FRAUD. If your application or reexamination contains false information, your file will be referred to the Florida Department of Law Enforcement for investigation and prosecution.**

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APPLICANT - TENANTS 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. I have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

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

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 that I will not obtain duplicate Federal housing assistance while I am in this current program. 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 pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or accurate or inaccurate information is punishable under Federal and/or State criminal law. I also 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

Signature of Head of Household

Date

Signature of Spouse/Co-head

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

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