

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information *given to the Housing Authority of the City of David City, Nebraska, 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 or information is punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Hotline at 800-424-8590

*After verification by the 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 or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

PHA OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

PHA OFFICIAL STATEMENT

I certify that:

1. the information given to the Housing Authority of the City of David City NE, by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal Law;
2. the family was eligible at admission;
3. the family has certified that it has given our agency accurate and complete information.

Executive Director

Date