

PARTICIPANT CERTIFICATION

Giving True and Complete Information:

I certify that all 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 personal declaration/family detail summary 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 and 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 the current program. I will not live anywhere else without notifying the Housing Authority of the County of Wake immediately 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 prescheduled meetings and completing and signing needed forms. I understand 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 information, incomplete or inaccurate information is punishable under Federal or State Criminal Law. (I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination tenancy).

Signature of Head of Household

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date