

NO ASSET – DEPOSIT ACCOUNT(S) CERTIFICATION

Household Member: _____

Address: _____

I certify that I do not have any assets or deposit accounts and am not a co-owner/signer on any other financial accounts.

Name(s) of Household Member(s)/Head Of Household Tenant(s):

Address: _____

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or State law and grounds for termination of housing assistance.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Household Member with no Asset – Deposit Account(s) Date

Certified by: _____
Signature of Landlord/Owner Date

Printed Name of Landlord/Owner