

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER ADULT HOUSEHOLD MEMBERS*

OTHER ADULT HOUSEHOLD MEMBERS*		
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* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.