HOUSING AUTHORITY OF THE COUNTY OF KERN

CERTIFIED STATEMENT

Head of Household Name: _____ Tenant ID: _____

Address: _____ Telephone: _____

By Signing this form, I, _____, certify that:

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I further acknowledge and understand that this Certified Statement is true, correct, and complete, and will be relied upon for purposes of determining my assistance for the Housing Authority of the County of Kern. Any misstatement or false statement may result in denial/loss of assistance. In addition, I understand that any misrepresentation in my statements may be considered to be fraud, and I may be required to repay all assistance overpaid on behalf of my family.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

_____

Print Head of Household Name Signature Date

_____

Print Agency Witness Signature Date