



State of New York  
**Division of Housing and Community Renewal**  
 25 Beaver Street, New York, NY 10004  
 Web site: www.nysdhcr.gov  
 E-Mail Address: Section8info@nysdhcr.gov

**APPLICANT/TENANT CERTIFICATION**

**Giving True and Complete Information**

I certify that all the 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 application form and personal declaration form 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/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 this program. I will not live anywhere else without notifying management office 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 pre-scheduled 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, 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 of tenancy.

**Signature and Date of Household Adults**

- 1) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Head of Household
- 2) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Spouse (Co-Head)
- 3) \_\_\_\_\_ Date \_\_\_\_\_  
Other Adult
- 4) \_\_\_\_\_ Date \_\_\_\_\_  
Other Adult

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