



VERIFICATION: SELF-CERTIFICATION FORM

Applicants and participants who are part of the Philadelphia Housing Authority must provide verification of incomes, expenses and other information for eligibility and continued occupancy.

Client Name: _____ Client/Unit Number: _____

Address: _____
Address City, State Zip Code

I certify that the information given to the Philadelphia Housing Authority (PHA) on _____ is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the Philadelphia Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

INFORMATION BEING CERTIFIED

This form must be signed in the presence of a PHA staff person or Notary Public.

Signature of Applicant or Client _____ Date _____

PHA Staff Signature _____ Date _____

Signature of Notary Public _____ Date _____

Name of Notary Public _____ Date Commission Expires _____