

Self-Certification of Household Members

Instructions: Please fully complete BOTH sections, check BOTH boxes, sign and date

To confirm income eligibility DEHAP assistance and incom			• • •		
lease who is no longer a mer	mber of your househol	d, you may attest to this wit	h this form.		
	•	rate list of all current memb	•		
provided.	ist be included in the L	DEHAP application and incor	ne documentation for th	em	
Household Member Name				Age	
the rental unit. Household M			nembers of my household and are <u>not</u> residing in Current Residence (City, State)		
Under penalty of perjury, I c the best of my knowledge. I fraud. False, misleading, or i the DEHAP Program and oth permission to obtain a copy other information provided	further understand that ncomplete information er remedies available of any tax returns from	at providing false representa n may result in the repayme under applicable law. I also n the Internal Revenue Servi	ntions constitutes an act of any funds received give the DSHA and its pa	of through rtners	
Signature	Name		Date		