APPLICANT/TENANT CERTIFICATION

APPLICANT/TENANT STATEMENT

I/We certify that the information given to the Housing Authority of Fort Mill on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signa	ature of Head of Household	Date
Signa	ature of Spouse/ Other Adult	Date
Hous	ou believe you have been discrimina sing and Equal Opportunity National nin the Washington D. C. Metropolitan	Toll-free Hot Line at 800-424-8590.
Depa Data	r verification by this Housing Agency, t artment of Housing and Urban Develo Summary), a computer-generated fa See the Federal Privacy Act Stateme	opment on Form HUD-50058 (Tenant acsimile of the form or on magnetic
	PHA OFFICIAL'S CERTIFICAT	ION FOR TENANT'S FILE
PHA	OFFICIAL'S STATEMENT	
I CEI	RTIFY THAT:	
1.	household of the above signed on	using Authority of Fort Mill by the household composition, income, net d deductions has been verified as
2. 3.	ne family was eligible at admission; ne family has certified that it has given our agency accurate and emplete information; and	
Signa	ature of PHA Official or Representative	Date