



# GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324  
J. Thomas Wilson, PHM, Executive Director

## TENANT CERTIFICATION

BY SIGNING THIS FORM, I ACKNOWLEDGE THE FOLLOWING:

All information proved on household composition, income, family assets and items for allowance and deductions are correct and complete to the best of my knowledge. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State Law and is grounds for termination of housing assistance or termination of tenancy.

I understand that this information will be provided to the U.S. Department of Housing and Urban Development (HUD) for their use and that HUD may give this information to Federal, State, and Local agencies.

I am required to report immediately to my management office any changes and any changes in household size, including when a person moves in or out of the unit. I understand the rules regarding guests/visitors and I must report anyone who is staying in the unit.

I know I am required to cooperate in supplying information needed to determine or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure to do so may result in termination of housing assistance, delays, or eviction.

I HAVE READ AND UNDERSTAND THE ABOVE:

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Adult Household Member Date

\_\_\_\_\_  
Adult Household Member Date

\_\_\_\_\_  
Adult Household Member Date