



Self-Certification Statement

Applicant's Name: _____

Address: _____ Phone Number: _____

Social Security Number ____ - ____ - _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I hereby certify that all the information provided regarding: _____
herein is true and correct:

I understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I understand the information provided above is collected to determine eligibility to receive assistance under the Community Development Block Grant Disaster Recovery Program.

Applicant Signature

Date