

Housing Choice Voucher Program

Head of Household: _____ Client Number: _____

I/We _____ certify by this signed statement, the following:

I/we are unable to communicate by writing in English. This statement has been written for me/us by another person. This statement has been read and explained to me/us and I/we understand and agree that the statement is what I/we am attesting to.

Signature of Head of Household if applicable Date: _____

Section 1001 of the U.S. Code Title 18 makes it a Criminal Offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Signature of Head of Household Date: _____

Signature of Spouse/Other Adult Household Member Date: _____