COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

AFFIDAVIT

Head of Household_____ Client Number _____

I/we _____ certify by this signed statement, the following

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I am unable to write English well and this statement has been written for me 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 are attesting to.

_____

Signature of Head of Household, if applicable

Warning: 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.

I/we swear and attest that the information given above is complete, true and correct to the best of my knowledge.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse/Other Adult Household Member Date

_____ _____

Signed in the Presence of a CMHA Representative Date