APPLICANT/PARTICIPANT CERTIFICATION STATEMENT

I/We certify that the information* given to the Prince William County Office of Housing and Community Development Public Housing Agency (PHA) on household composition, income, net 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. (Add reference to State law if applicable.) I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

____________________________                           __________
Signature of Head of Household                           Date

____________________________                           __________
Signature of Spouse/Co-Head                              Date

____________________________                           __________
Signature Other Adult Household Member                   Date

____________________________                           __________
Signature Other Adult Household Member                   Date

____________________________                           __________
Signature Other Adult Household Member                   Date