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## **APPLICANT/RESIDENT CERTIFICATION**

### **APPLICANT (S) / RESIDENT (S) STATEMENT**

I/We certify that the information\* given to the Morgantown Housing Agency on household composition, income, net family 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.

**ANYONE 18 or Over will be required to sign an electronic copy at the time of their appointment.**

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll- Free Hot Line at 800-424-590. (Within the Washington, DC Metropolitan Area, call 426-3500.)

\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary) , a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.