



# MONROE COUNTY

## HOUSING AUTHORITY

### Housing Drug Affidavit

The Housing Authority requires that each family wishing to participate in the housing program has an obligation to supply any certification, to release any information or documentation that the Housing Authority determines to be necessary in the administration of the program; and

24 CFR, Part 887.403 (b) (1) states that housing assistance can be denied if the applicant has violated any obligation under the program; and

Florida statutes section 421.101 states that a person is guilty of a second-degree misdemeanor, punishable by imprisonment, if he/she makes false representations to obtain lower rent in housing accommodations.

Accordingly, the Housing Authority, in order to ensure the sound operation of the program, has determined that collection of the following documentation is a family obligation as defined. Such information provided is for the records of the Housing Authority and may be disseminated to prospective landlords who request said information:

1. Have you or any member of your household over sixteen (16) years of age, been convicted of any crimes involving domestic violence, drug abuse (including use of controlled or illegal substances), trafficking in controlled substances or convicted of any crime resulting from the use of alcohol or drug products? YES NO

If Yes, name each family member so convicted and please explain the nature of the crime(s), the number of times each person has been so convicted, and the penalties imposed by the courts. (Use an extra piece of paper if needed):

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2. Do you or any member of your household over sixteen (16) years of age have any pending legal actions against you relating to the crimes mentioned above? YES NO

If Yes, please explain:

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I/We certify under penalty of perjury and exclusion from participation from the housing program, that I/we thoroughly understand the laws mentioned above:

\_\_\_\_\_  
Signature Head of Household Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse/Cohab/Other Adult Over Age 18 Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult Over Age 18 Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult Over Age 18 Date: \_\_\_\_\_

