



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

NO ADDITIONAL ADULTS LIVING IN UNIT AFFIDAVIT

The Housing Authority Administration Policy states that "no additional adult person(s) other than those listed on the lease and application shall live or stay in the unit other than on a temporary basis and/or not exceeding fourteen (14) days". This is to assure that the total tenant payment is accurately based on the total monthly income of that household unit.

If this situation should arise during the term of the lease, I/we agree to contact the Housing Authority with the additional information. I/we realize that failure to do this could result in repayment of the rent and possible theft or fraud charges under state and federal law.

I/we understand the above statement. There is no other adult living or staying in the unit now other than someone whose name is on the application and lease to be executed with the Housing Authority. I agree to notify the Housing Authority if this should change.

Signature of Applicant/Tenant _____
Printed Name _____/_____/_____
Date

Signature of Applicant/Tenant _____
Printed Name _____/_____/_____
Date

Signature of Applicant/Tenant _____
Printed Name _____/_____/_____
Date

