



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

Certification of Applicant/Tenant

I/we certify that the information* given to the Housing Authority 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 and that false statements or information are punishable under federal law. I/we understand that false statements or information are grounds for termination of housing assistance and tenancy. We understand that we are required to advise the Authority of any family members residing in the household. We understand that there are eligibility requirements before anyone can be added to the lease.

Signature

Date:

Signature

Date:

Signature

Date:

