

Goldsboro Housing Authority
Reporting Change in Composition or Other Information

Date _____

Family Head: _____ **Address:** _____

Family Composition: _____ *adult(s)* _____ *minor(s)* **Employer:** _____

(Signature of Person Reporting)

(PHA Staff Member)

ATTACHMENT 3

APPLICANT/TENANT CERTIFICATION

I/We certify that the information* given to the Goldsboro 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 certify that I the tenant or any member of my/our household is not subject to a lifetime state sex offender registration program in any state. I/We understand that false statements or information are punishable under Federal law. 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

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (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 of 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.