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SELF CERTIFICATION

-		APPLICANT/RESIDENT:	APT. #:
	EL.#:		
– T	EL.#:	FAX #:	
I,		, certify that:	

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program – Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date

OFFICE USE ONLY:



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