

AFFIDAVIT OF NO BANK OR SAVINGS ACCOUNT

I, _____ have applied for assistance through the Housing Assistance Program. Program regulations require verification of all income and assets from participating households.

I have applied for assistance under the _____ program, on _____ Date

I have stated during this verification process that I do not have a bank or savings account.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the PHP/STRMU/COVID-19 assistance programs, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§3801- 3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: _____ Date: _____

Witness: _____ Date: _____

Case Manager/Care Coordinator's Notes: