

Self-Affidavit

Head of Household's
Name: _____

Date: _____

- Initial Certification** **Date of Expected Move-In:** _____
- Recertification** (*Annual or Interim*) **Effective Date:** _____

Return to: THRHA Specialist : **Robert Cesar**

You have applied to live in an apartment that is governed by Tlingit-Haida Regional Housing Authority HOME Low Rent Program. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

I, _____, certify that:

I am not a native shareholder of any corporation and do not receive financial distributions.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: _____ Date: _____

Signature of Notary Public: _____ Date: _____

State Commission Issued: _____ Commission Expiration Date: _____

Office Use Only:	
Date Received: _____	Notes: _____