

HOUSEHOLD MEMBERS AFFIDAVIT

Head of Household's Name: _____

Head of Household's Birth Date _____

You have applied to live in a home that is governed by the MDA Long Term Workforce Housing Program.

This program requires us to certify all of your income and eligibility information as part of determining your household's eligibility. Programs requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY:

I hereby declare the following person or persons lives within my household for more than 51% of the time. Therefore this person or persons should be included in my household number and their income should be calculated into my household income.

I attest that this information to be true and correct to the best of my knowledge.

Person (1) Name _____ Date of Birth _____

Person (1) Relationship to head of household _____

Person (2) Name _____ Date of Birth _____

Person (2) Relationship to head of household _____

Person (3) Name _____ Date of Birth _____

Person (3) Relationship to head of household _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in repayment of program funds received.

Head of Household Signature Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 20 ____.

NOTARY PUBLIC