



Holyoke Housing Authority

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION AGENCY
ADMINISTRATION BUILDING, 475 MAPLE STREET, Ste 1
HOLYOKE, MA 01040-3798
TELEPHONE 413-539-2220, FAX 413 -539-2227

APPLICANT TENANT CERTIFICATION

APPLICANT(s)/ TENANT(s) STATEMENT

I/We certify that the information* given to the Holyoke 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 understand that false statements or information are punishable under Federal law and State law where applicable. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature/Head of Household

Date

Signature/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.

*After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on HUD Form 50058 (Tenant Data Summary), via a computer generated facsimile of the form, electronic transfer of the form or magnetic tape. See the Federal Privacy Act Statement for more information about its use.