CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
Fax (207) 376-0178
www.cariboumaine.org

SELF-CERTIFICATION / STATEMENT OF FACT

Head of Household: _____
Address: _____
City: _____ Phone Number: _____

By signing this form I, _____, certify that: _____
_____
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CERTIFICATION
I further acknowledge and understand that this Self-Certification is true, correct, and complete and will be relied upon for purposes of determining my assistance for the Section 8 Housing Choice Voucher Program. Any misstatement or false statement may result in denial / loss of assistance. In addition, I understand that any misrepresentation in my statement may be considered to be fraud and I may be required to repay all assistance overpaid on behalf of my family.

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

x._____
Print Name Signature Date

x._____
Print Head of Household Name Signature Date

****If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.****