



Pittsfield Housing Authority

65 Columbus Avenue, Ste 1
Pittsfield, Massachusetts 01201-5090

(413) 443-5936
(413) 499-2771
Fax (413) 443-7294
TTY (413) 443-1940
www.pittsfieldhousing.org

Applicant/Participant Name

Social Security Number

Applicant/Participant Address

City, State

Zip Code

Head of Household: _____

This is to certify that I am presently unemployed and do not receive any income from any sources, such as unemployment, public assistance (TANF, DTA, CASH ASSISTANCE), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, etc.

I certify that I have been advised by Pittsfield Housing Authority (PHA) that I must report any new income within 10 days.

I further certify that the information given to the PHA regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of housing assistance.

This form must be signed in the presence of a Pittsfield Housing Authority staff person or Notary Public.

Signature of Applicant or Participant

Date

Pittsfield Housing Authority Staff Signature

Date

OR

Signature of Notary Public

Date

Name of Notary Public

Date Commission Expires

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.