SECTION VII-CERTIFICATION OF THE FAMILY

CERTIFICATION

I certify that the information given to the Georgia Department of Community Affairs (DCA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal and State Law and ground for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household income, assets, and expenses of any household member(s) to the DCA Regional Office within ten (10) business days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the DCA-Regional Office within thirty (30) business days of the change. I understand that I am required to report in writing to the DCA-Regional Office any household member no longer living in the unit within fourteen (14) business days. Further that any other changes in household composition must be approved in writing by the DCA Regional Office and my landlord. I agree to cooperate with DCA staff, DCA Regional Compliance Officers, and other State and Federal personnel that are assigned special case reviews.

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
****If you have anyone outside your house and their relationship to your family****	hold helping you to	complete this form or assisted with translation, pl	ease provide their name
Name of Helper (Printed) Signa	ture of Helper	Relationship to Family	Date
FHC Notes about their review:			
Family Housing Counselor Signature		D	ate Reviewed
Do Not Write In This Space for DC Sex Offender Check: Criminal Background Check:	A Use Only		