

Non-Debarment Certification

Property Address: _____

Unique Application ID: _____

I certify that I am not debarred or prevented by the State of Georgia or the United States Federal Government from receiving future monetary benefits due to past illicit activity.

Each member of the household, age 18 years and older, should certify this statement by providing their signature below.

Homeowner Printed Name

Homeowner Signature

Date

Additional Homeowner Printed Name

Additional Homeowner Signature

Date

Additional Household Member Printed Name

Additional Household Member Signature

Date