| **Administrator:** | **Contract/RSP Number:** | |
| --- | --- | --- |
| **Tenant Name:** | | |
| **Unit Address:** | | **Number of Bedrooms:** |

**Tenant’s Certification of Principal Residence**

## I/We, above named Tenant(s), hereby certify that I/we will occupy the above-referenced address and it will be my/our principal residence throughout the entire period during which I/we receive Tenant-Based Rental Assistance. I/We further certify that all information and documentation provided to Administrator is true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the HOME Program.

**WARNING: Title 18, Section 1001 of the U. S. Code states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

|  |  |  |
| --- | --- | --- |
| **Signature of Head of Household** |  | **Date** |
| **Signature of Co-Head/Spouse** |  | **Date** |

**Verification by Contract Administrator**

I hereby certify that I have examined all documentation provided by the above-referenced HOME applicant and he/she is eligible to participate in the Tenant-Based Rental Assistance program.

|  |  |  |
| --- | --- | --- |
| **Signature of Administrator** |  | **Date** |

|  |  |  |
| --- | --- | --- |
| *Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.* | | |
| **SimpleSeal BLACK med res.jpg** | **Texas Department of Housing and Community Affairs**  Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711  Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov | Eq Hsng logo transparant |