

HARRISBURG HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM
2101 N. FRONT STREET 3-101
HARRISBURG, PENNSYLVANIA 17110
PHONE: 717.234.9664
FAX: 717.233.8357

No Income Certification

I, _____, hereby certify by my witnessed signature below the following:

❖ I am currently a resident of _____, Harrisburg, PA _____.

❖ My Monthly expenses are as follows:

Rent	\$ _____	Household Items	\$ _____	Shampoo	\$ _____
Food	\$ _____	Telephone	\$ _____	Child Care	\$ _____
Beverages	\$ _____	Cable	\$ _____	Debts	\$ _____
Transportation	\$ _____	Tissues	\$ _____	Diapers	\$ _____
Household Items	\$ _____	Health Care	\$ _____	Soap	\$ _____
Cigarettes	\$ _____	Alcohol	\$ _____	Detergent	\$ _____
Cleaners	\$ _____	Toilet Paper	\$ _____	Other:	\$ _____

❖ Beginning _____, I have not received any income nor do I anticipate any income within the next 30 days for myself or on behalf of members of my family from: employment, social security, welfare, assets, interest, dividends, insurance policies, pensions, unemployment, worker's compensation, alimony, child support, armed services, training programs, or any other source in accordance with policies and federal regulations.

❖ I am able to satisfy my monthly expenses by income from the following source:

(Source: Name, Address, & Telephone Number)

❖ I understand that because the Harrisburg Housing Authority cannot reasonably estimate my annual projected household income at this time, I am required to report to my on-site manager on or about the 1st day of each month to complete an interim redetermination of my household circumstances.

❖ I understand that misrepresentation of any information related to allowances, family composition, or income is a criminal offense of Section 1001 of Title XVII of the United States Code (fraud to a federal housing assistance program) as well as a serious violation of § IX X of the Residential Lease Agreement.

❖ I understand that any change that occurs in my household circumstances must be reported to my on-site manager within ten (10) days from the occurrence.

Date

Resident Signature