



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
P.O. BOX 051
TRENTON, NJ 08625-0051

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Acting Commissioner

Applicant Certifications

I, \_\_\_\_\_, certify that the income from all sources reported on this application is correct and that my household receives a gross annual income of \_\_\_\_\_, which is within the low to moderate income eligibility of 80% of the HUD Area Median Income for the county that I reside in.

I, \_\_\_\_\_ consent to allow the NJ Department of Community Affairs (DCA) to request and obtain income information from the sources listed below for the purpose of verifying my eligibility and level of benefits for this housing program. I authorize the DCA to 1) Request verification of salary and wages from current or previous employers; (2) Request wage and unemployment compensation information from the state agency responsible for keeping that information; and 3) Request verification of my assets from financial institutions. I understand that the income information received by the DCA under this consent form cannot be used to deny assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

I, \_\_\_\_\_, consent to having the DCA share my information with other local, state and federal agencies in order to determine duplication of benefits and subsidy eligibility.

I, \_\_\_\_\_, am submitting this application fully aware that I will be subject to corresponding criminal, civil and administrative liabilities for any fraud or misrepresentation of information on my application.

The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statements made of his/her knowledge are true; and all statements made on information and belief are believed to be true.

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Signature

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Date

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Name

