

Phone: (617) 988-4000 TDD: 1-800-545-1833, EXT.420 www.BostonHousing.org

(This information is available in an alternative format upon request.)

<u>Self - Certification of Leased Housing Questionnaire</u>

Boston Housing Authority	Date:
52 Chauncy Street Boston, MA 02111	Client #:
I,	, hereby certify that there has been no change in my income, assets
or family composition as reporte	ed on my Leased Housing Questionnaire dated
Name of client:	
Address of client:	
Telephone #:	Email Address:
my knowledge and belief. I unpunishment under federal and s	on given to the BHA regarding income is true and complete to the best of derstand that giving false statements or information can be grounds for state laws. I also understand that giving false information or failing to an be grounds for termination of housing assistance. Signed under the
Signature:	Date: