

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

Self - Certification Of Social Security, SSI or SSP Income

Boston Housing Authority 52 Chauncy Street Boston, MA 02111 Date:

Client #:

I,		, hereby certify that my benefit (SS, SSI, SSP or pension) amount of
\$	has not changed.	I am unable to get a current verification due to COVID19.
Name o	f client:	
Address	s of client:	
Telepho	one #:	Email Address:

I certify that the above information given to the BHA regarding income is true and complete to the best of my knowledge and belief. I understand that giving false statements or information can be grounds for punishment under federal and state laws. I also understand that giving false information or failing to provide complete information can be grounds for termination of housing assistance. Signed under the pains and penalties of perjury:

Signature:_____

Date: _____