



**BOSTON HOUSING AUTHORITY**

Leased Housing  
52 Chauncy Street  
Boston, MA 02111

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

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

**Self - Certification Of Employment Termination**

Boston Housing Authority  
52 Chauncy Street  
Boston, MA 02111

**Date:**

**Client #:**

I, \_\_\_\_\_, hereby certify that I am no longer employed as of \_\_\_\_\_.  
(Date)

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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: \_\_\_\_\_