YARDI # _____

For office use only

Celebrating 70 years of serving Alameda

Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - Tel: (510) 747-4300 - Fax: (510)522-7848 - TDD: (510) 522-8467

AFFIDAVIT

Date _____ Assigned Housing Specialist / Manager _____

Tenant Name _____

Street Address _____ City, State, Zip _____

Home phone number _____ Work / Cell / Other phone number _____

I,_____, hereby certify and affirm that the above statement is true and correct. I promise to inform the Housing Authority of the City of Alameda of any changes in my status. I understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature _____ Date _____

Witness Signature _____ Date _____

Witness Printed Name _____ Witness Title / Relationship to tenant _____