

HOUSING AUTHORITY OF THE TOWN OF HAMDEN

WILLIAM H. HINDINGER, Chairman
IVAN M. POUR, Vice Chairman
EDITH SOKOLOFF, Treasurer
DR. CORNELIA V. LEAVITT, Secretary
JAMES V. SETTE, Assistant Secretary/Treasurer

HAZELANN B. COOK, Executive Director

EIGHTEEN (18) YEAR OLD
FAMILY MEMBER FORM

1. If a family member of a Section 8 Subsidized household is Eighteen (18) years of age or older and has no source of income from ANY sources, this form must be filled out, signed, dated and notarized by a Notary Public & returned to the Hamden Housing Authority office within Fourteen (14) days.

I, _____, swear and attest under the penalties of perjury, that I DO NOT RECEIVE ANY INCOME FROM ANY SOURCES AT THIS TIME.

Signature: _____

Date: _____

Witness: _____

Notary:

Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a FELONY for knowingly and willfully making false or fraudulent statements to any Department or Agency of the Unites States of America.