DOWN PAYMENT ASSISTANCE GRANT CERTIFICATION OF HOUSEHOLD MEMBERS

Name of Applicant(s) on application _____

Income can be Social Security, disability, pension, full-time/ part-time job, child support, etc.

I Hereby certify that these are the members of my household that will live in the home:

Additional Household Member Name	Will they live in the home with you?	Relationship	Age	Monthly Income

Under penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my application.

_____ _____ _____

Signature of Applicant **Printed Name of Applicant** **Date**

_____ _____ _____

Signature of Co-Applicant **Printed Name of Co- Applicant** **Date**