



Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

3rd Party Certification

I declare under penalty of perjury that the information given by me in this statement is true, correct and complete to the best of my knowledge and realize that falsification of this information may be cause for termination of Housing Assistance.

I, *(please print your name)* _____ certify by my signature below that I pay the following assistances to or on the behalf of

_____ *(client name)*

\$ _____ per month for general living expenses and or;

\$ _____ per month for specific assistances (other types of help that I provide, includes but not is limited to: paying a utility bill, paying a phone bill, buying groceries, medications, hygiene products, etc.) Please list below the specific type of assistance, amount of assistances, and frequency:

\$ _____ per month as support for the care of my child/children.

\$ _____ **Total amount of assistance given per month**

Print Your Name

Signature

Date

Email Address

Phone Number

Mailing Address

Requested by:
PIERCE COUNTY HOUSING AUTHORITY
Address: 603 Polk Street South Bldg A., Tacoma, WA 98444
Ph.: 253-620-5400 Fax: 253-620-5455 TTY: 253-620-5499 www.pchawa.org