

Sworn Declaration of No Bank Accounts

Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME/NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

I hereby certify that I do not individually or jointly have any of the following accounts.

Checking Account

Saving Account

Money Market Account

IRA/SEP Retirement Account

Any other account not listed

Signature of Applicant

Print Name

Date

WARNING: Title 18, section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

