

-HOUSING AUTHORITY OF MONROE COUNTY

1055 West Main Street
Stroudsburg, PA 18360
(570)421-7770
Fax (570)421-6958

SELF CERTIFICATION OF LOSS OF INCOME

To be completed by the Participant/Tenant:

Circle one: Public Housing Resident / Section 8 Participant

I certify that I am no longer employed by _____.

My last day of employment was _____.

I ___ have, ___ have/not applied for unemployment.

My unemployment PIN is _____.

And Now, this _____ day of _____, 2020, the undersigned verifies that the facts and statements set forth in the foregoing tenant income and family status documents are true and correct to the best of his or her knowledge, information and belief, and he or she understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities

(Name of Participant/Tenant)

(Signature of Participant/Tenant)

(Street Address)

(Date)

(City, State, Zip)

(Telephone Number)

.