Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704
(512) 477-1314 Fax (512) 494-0686

SELF CERTIFICATION OF HOUSEHOLD ASSETS

Head of Household Name _____ Date _____
Address _____
Phone _____

Type of Asset	Name of Acct holder	Name of Bank / Institution	Current Balance	Interest / Income (if any)	Interest Rate
Checking			$	$	
Savings			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

Under penalty of perjury, I certify that the information presented in this certification and any accompanying documents is true and accurate to the best of my knowledge, with full knowledge that all statements made in this certification are subject to investigation and further documentation. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my HCV assistance.

_____

Signature Date