

FRANKLIN COUNTY HOUSING AUTHORITY



Your Home – Our Foundation

NO PAST LANDLORDS CERTIFICATION

By completing this form, I, as an applicant for Franklin County Housing Authority, state that:

I have not had any Landlords from whom I rented from in the past five (5) years.

I declare under penalty of perjury under the laws of the United States of America and the State of Pennsylvania that the information contained in this statement of facts is true, correct, and complete.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Applicant

Date

Printed name

SIGNING OF THIS FORM IS TO BE WITNESSED BY F.C.H.A STAFF

As a staff member and a representative of The Franklin County Housing Authority, I do hereby certify that the above named applicant, whose name is signed above, has this _____ day of _____, 20__ acknowledged the same before me.

F.C.H.A representative and witness

Our Mission – “Providing homes that build hope and create neighborhoods”

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