ATTACHMENT N

PRE-LEASE ACKNOWLEDGEMENT AND CERTIFICATION

PROJECT NAME/ADDRESS	S:	
TENANT NAME:		Unit Number:
•		am about to sign is for the unit referenced ally assisted affordable housing program.
•	ntain another primary	ust be my only primary residence and that I residential lease in my name or otherwise
to simultaneously maintain n	nultiple leases for, or	primary residence. I further understand that to otherwise simultaneously reside in, more y egregious violation of this requirement.
I fully understand that any for program is strictly prohibited		gnment of my lease in this affordable housing
		Ill have consequences which may include the ddition to potential criminal charges.
statements included in the go again hereby certify that all i process to qualify for this p limitation, all information per and the employment income a have not withheld, falsified or my file in its entirety is subj Corporation (HDC), The New (HPD) and audit by The Ne empowered law enforcement in HDC and HPD-financed ho I understand that the consequent this program may include the I hereby certify that I fully understand by All Adult Househo	overning lease docume information I have proportion of the members and all other income are otherwise misrepresed fect to both review by a York City Department of The City of Department of Department of the City of Department	
Name	Signature	Date