

## **Waiver Participant Attestation**

### **New York State Department of Health TBI Housing Subsidy Program**

**1. Giving True and Complete Information**

I certify that all the information provided to the Regional Resource Development Center (RRDC) and my Service Coordinator regarding household composition, personal assets, earned and unearned income, to the best of my knowledge is accurate and complete. The information provided to the TBI Housing Subsidy Program is true and correct.

**2. Reporting Changes in Income or Household Composition**

I know I am required to immediately report in writing, any changes in income and/or household composition or when a person moves in or out of the living arrangement to my Service Coordinator and RRDC. I understand the rules regarding guests/visitors staying with me and when I away from my living arrangement for an extended period of time.

**3. Reporting on Prior Housing Assistance**

I certify that I have fully disclosed any previous housing assistance I have received and whether or not any money is owed. I certify that I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease related to this previous assistance.

**4. No Duplicate Residence of Assistance**

I certify that the house or apartment being subsidized through the TBI Housing Subsidy Program will be my principal residence and I will not obtain duplicate housing assistance while I am in this program. I will not live anywhere else without notifying my Service Coordinator and RRDC immediately in writing. I will not sublease my subsidized residence.

**5. Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of assistance, or verify my true circumstances related to my subsidy request. Cooperation includes attending pre-scheduled meetings, completing and signing needed forms and full disclosure. I understand failure or refusal to do so, may result in delays, termination of assistance, or eviction.

**6. Actions for False Information**

I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

My Service Coordinator has reviewed this information and terms of my lease agreement with me. I understand the information as presented. I understand that the TBI Housing Subsidy Program is the payer of last resort and I am not receiving any other housing assistance.

**Signature of Waiver Participant, any other individuals reflected on the lease and Service Coordinator**

1. \_\_\_\_\_ **Date** \_\_\_\_\_

2. \_\_\_\_\_ **Date** \_\_\_\_\_

3. \_\_\_\_\_ **Date** \_\_\_\_\_