

Prince William County Office of Housing and Community Development

15941 Donald Curtis Drive, Suite 112 Woodbridge, VA 22191 **PHONE:** 703-792-7530

FAX: 703-792-4978 www.pwcgov.org/housing

APPLICANT/PARTICIPANT AFFIDAVIT OF UNDERSTANDING

Unauthorized Persons

The Prince William County Office of Housing and Community Development (OHCD) vigorously pursues fraud and abuse in the Housing Choice Voucher program, which you are or will be participating in. Examples of the types of documentation used by OHCD to establish residence for unauthorized household members and to confirm their income include:

- ✓ Division of Motor Vehicles (DMV)
- ✓ Virginia Employment Commission (VEC)
- ✓ Court Records
- ✓ Police Records
- ✓ Probation Records
- ✓ Department of Social Services
- ✓ Statements from neighbors, friends or relatives
- ✓ Receipt of mail
- ✓ Federal, State and local agency documents

To avoid any misunderstanding and to avoid jeopardizing your housing, OHCD strongly suggests that you:

- 1. **DO NOT ALLOW** anyone outside authorized household members to use your address.
- Speak with your friends and/or relatives to determine if they have used your address without your permission. If they have, make sure they stop using your address and make an address change for anyplace they did use your address.
- 3. You must have approval from your Landlord (in writing) and your Housing Program Specialist prior to anyone moving into your household.

By signing this document I/We declare that I/We have read and fully understood all of the above information. Also,. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance or ineligibility.

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Housing Program Specialist	Date	_	