WAYNE COUNTY HUMAN SERVICES AGENCY HOUSING DEPARTMENT

BRIAN W. SMITH, CHAIRMAN
Damascus Township, PA

JOSEPH W. ADAMS
Salem Township, PA

JOCELYN CRAMER
Damascus Township, PA

WAYNE COUNTY, PA
NORTHERN POCONO MOUNTAINS

MICHELLE VALINSKI
HSA Administrator

LORI O'MALLEY
HSA Deputy Administrator

HEATHER MISZLER
HSA Housing Coordinator

Housing Expenses Attestation

I, _____, attest that my housing expenses listed below are correct and true to the best of my ability.

EXPENSE:	FREQUENCY:	AMOUNT:

I understand and agree that I am responsible for any fraudulent statements made in regards to this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information provided for this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of my approval for assistance.

Printed Name of Tenant: _____

Signature: _____

Date: _____ /_____ /_____

|The Livery Building at 314 10th Street, Honesdale, PA 18431 | Phone: 570-253-2304 | Fax: 570-253-9115 |
| Email: ERAP@waynecountypa.gov |