

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



Attention:

Housing Assistant
Continued Eligibility

This form is to certify that, I _____
am not employed nor receiving any other type of income at this time. I will inform the
Housing Authority within (10) working days if I become employed or begin to receive
any income in the future.

Signature

Date

Address

City

State

ZIP

**WARNING: TITLE 18 SECTION 1001 OF THE UNITED STATES CODE
STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY
AND WILLFULLY MAKING FALSE OR FRADULENT STATEMENTS TO
ANY DEPARTMENT OR AGENCY OF THE UNITED STATES**

T# _____
HOH _____