

SECTION 8 LEASE AMENDMENT

If Cheyenne Housing Authority pays any monies, other than the correct Housing Assistance Payment, on behalf of the tenant, the tenant fully understands that they are responsible for repaying Cheyenne Housing Authority in full.

Initial Below

Head of Household

Other member(s) 18 & Over

APPLICANT/TENANT CERTIFICATION

I/WE certify that the information* given to Cheyenne Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/WE understand that false statements or information are punishable under Federal and/or State law. I/WE also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590.

*After verification by Cheyenne Housing Authority, the information will be submitted to the Department of Housing and Development on Form HUD-50058 (Tenant Data Summary), a Computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about it's use.

Initial Below

Head of Household

Other Member(s) 18 & Over

I/WE certify that I/WE have received a copy of the brochure PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME (EPA747-K-94-001, April 1999).

Head of Household Signature

Date

Other Member(s) 18 & Over

Date