



CITY OF BULLHEAD CITY

HUMAN SERVICES DEPARTMENT

Housing Division

2355 Trane Rd.

Bullhead City, AZ 86442-5733

(928) 763-9400 FAX (928) 763-0131

HOUSING REHABILITATION PROGRAM STATEMENT OF AFFIRMATION

I AFFIRM that the following statements made in writing, or verbally regarding the facts of my household composition, income and all other items that pertain to my possible eligibility for the low-income assistance for the Housing Rehabilitation Program are true and correct to the best of my knowledge.

I AUTHORIZE the City of Bullhead City to investigate my eligibility and to contact any source necessary to establish the accuracy of any information given or which pertains to my eligibility.

I FURTHER UNDERSTAND that Section 1001 of Title 18 of the U.S. Code, makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the U.S. as to matters within its jurisdiction.

WAIVER

1. I hereby affirm that I am the owner of real property located at the address indicated and described herewith.
2. My permission is granted for all workers, inspectors and delegated agency representatives to enter upon my property for the purpose of doing all related work for the Housing Rehabilitation Program, and to monitor the work being done.
3. In consideration of the work being done on my home under the Housing Rehabilitation Program, I hereby release the City of Bullhead City, their agents, servants and employees from claims for any future damage to my home or future personal injury to me caused in the course of, or arising from, such work.

PRIVACY ACT NOTIFICATION

As part of the Housing Rehabilitation Program, the City of Bullhead City must maintain certain records. Under section 1 (e) (3) of the Privacy Act of 1974, any agency that maintains records must let the individuals who provide the information in those records know:

The authority for maintenance of such records:

The U.S. Housing and Urban Development regulations and the Arizona of Housing.

Why the information is being requested:

To determine eligibility.

How the information will be used:

The information which you provide may be used by the City of Bullhead City to monitor and evaluate the effectiveness and success of this Housing Rehabilitation Program. The information provided may also be used in investigative, enforcement or prosecutorial (legal) proceedings.

Is providing the information voluntary:

YES

What are the effects of not providing this information?

If you decide not to provide the information requested, then your home cannot be considered for this Housing Rehabilitation Program.

I, _____, have read this Statement of Affirmation, including the Waiver Form and Privacy Act notification, and understand all information provided. I further affirm that all information is true and correct to the best of my knowledge.

Signature

Date