

SANTA ANA HOUSING AUTHORITY

HS
REEXAM
INTERIM
INTAKE
H/H

10:	SANTA ANA HOUSING AUTHORITY		
SUBJECT:	STATEMENT OF FACTS		
accurate to certification understands	the best of my knowledge, with full knare subject to investigation and further that providing false representations	tion presented in this certification is true and owledge that all statements made in this er documentation. The undersigned further herein constitutes an act of fraud. False, in the termination of my HCV assistance.	
PRINT NAM	1E:		
SIGNATUR	E:	DATE:	
HEAD OF H	IOUSEHOLD:		

T-9 10/2020