Instructions: To be completed by the <u>Tenant</u>. This form must be completed and returned to Pam Clark once you have had your utilities turned on for the new unit. All blanks must be completed. Make sure you have this form available when calling the utility company so that you can fill in the information for <u>Date services was turned on</u> and <u>Utility account number</u>. If you fail to complete and return this form within 5 days of the date your unit passes inspection, your housing assistance may be denied.

GASTONIA HOUSING AUTHORITY SECTION 8 UTILITY ACCOUNT CERTIFICATION FORM

Tenant's (Head of Household) Name:	
Tenant's new address: (Address where service was turned or	ר <u></u>
Please complete one entry below collection. Do Not include teleph	for each utility you will be responsible for (power, gas, water, trash one, cable, etc.)
Name of Utility Provider Company_	
Date service was turned on:(IMPORTANT: You must get this infor	Utility account number:
Name of Utility Provider Company_	
Date service was turned on:(IMPORTANT: You must get this infor	Utility account number:
Name of Utility Provider Company	
Date service was turned on:(IMPORTANT: You must get this infor	Utility account number:
ALL UTILITY ACCOUNTS MUST BE	E IN THE HEAD OF HOUSEHOLD'S NAME.
Failure to maintain utility service in housing assistance.	the head of household's name may result in the termination of
By signing below, I certify that the info	ormation provided by me in this document is true and complete.
Tenant Signature	Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.