

**GASTONIA HOUSING AUTHORITY  
SECTION 8  
UTILITY ACCOUNT VERIFICATION FORM**

**Instructions: This form must be completed and given to your caseworker prior to being housed. 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 Date services was turned on and Utility account number. If you fail to completely fill out this form you will not be housed.**

Name of Utility Company : \_\_\_\_\_

Tenant's (Head of Household) Name: \_\_\_\_\_

Tenant's new address:  
(Address where service was turned on) \_\_\_\_\_

\_\_\_\_\_

Date service was turned on: \_\_\_\_\_  
(IMPORTANT: You must get this information from the utility company when you have utility turned on)

Utility account number: \_\_\_\_\_  
(IMPORTANT: You must get this information from the utility company when you have utility turned on)

**THE UTILITY ACCOUNT MUST BE IN THE HEAD OF HOUSEHOLD'S NAME**

*By signing below, I certify that the information 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.**