

# WAYNE COUNTY HUMAN SERVICES AGENCY HOUSING DEPARTMENT

BRIAN W. SMITH, CHAIRMAN  
*Damascus Township, PA*

JOSEPH W. ADAMS  
*Salem Township, PA*

JOCELYN CRAMER  
*Damascus Township, PA*



MICHELLE VALINSKI  
*HSA Administrator*

LORI O'MALLEY  
*HSA Deputy Administrator*

HEATHER MISZLER  
*HSA Housing Coordinator*

## **Other Federal Funded Assistance Attestation**

I, \_\_\_\_\_, attest that I have not used any other federal funded assistance for the same expenses.

I understand and agree that I am responsible for any fraudulent statements made in regards to this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information provided for this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of my approval for assistance.

**Printed Name of Tenant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_