



## HSH Permanent Supportive Housing Application

Attachment 2: Additional Signatures [to be completed by Staff]

<b>ONE System ID:</b>	
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<b>For Staff Use Only:</b> Include additional signatures for adult (18+) member of the household on this page and indicate, below, which application or form these are attached to (ex. Form A).	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Form _____

<b>Certifications</b>		
Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the possible termination of your housing opportunity.		
Adult Household Member #3 (Printed):		
Relationship to Head of Household/Primary Applicant:		
Adult Household Member #3 (Signature):	Date:	
Adult Household Member #4 (Printed):		
Relationship to Head of Household/Primary Applicant:		
Adult Household Member #4 (Signature):	Date:	
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date:



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