

25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
Fax (207) 376-0178
www.caribouhousing.org



SELF-CERTIFICATION / STATEMENT OF FACT

Head of Household:		
Address:		
City:	Phone Number:	
By signing this form I,		
CERTIFICATION I further acknowledge and understand that the upon for purposes of determining my assistated may result in denial / loss of assistance. In a may be considered to be fraud and I may be	nce for the voucher program. Any middition, I understand that any misrepr	sstatement or false statement resentation in my statement
WARNING: Section 1001 of Title 18 of the statements or misrepresentation to any De		
X	G:	
Print Name	Signature	Date
X	a.	
Print Head of Household Name	Signature	Date

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.