

LEXINGTON HOUSING AUTHORITY
ONE COUNTRYSIDE VILLAGE, LEXINGTON, MASSACHUSETTS 02420-2576



CAILEEN B. FOLEY, *EXECUTIVE DIRECTOR*

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FAX 781 861-1938
TDD 1-800-545-1833 EXT 104

CERTIFICATION REGARDING NON-EMPLOYMENT I hereby certify that I am not presently working or receiving any type of income, and that I accept the responsibility to notify the Lexington Housing Authority immediately upon beginning any employment and or receiving any income. I understand that failure to report household income could constitute fraud and result in the termination of my participation in the state and federally funded rental assistance programs. Furthermore, I authorize the Lexington Housing Authority to obtain information form credit bureaus for the sole purpose of verifying eligibility/continued participation for state or federally funded rental assistance programs.

Signature: _____ Date: _____