

**GASTONIA HOUSING AUTHORITY
SECTION 8
UTILITY ACCOUNT CERTIFICATION 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.

Tenant's (Head of Household) Name: _____

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

Please complete one entry below for each utility you will be responsible for (power, gas, water, trash collection. Do Not include telephone, cable, etc.)

Name of Utility Provider Company _____

Date service was turned on: _____ Utility account number: _____
(IMPORTANT: You must get this information from the utility company when you have utility turned on)

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ALL UTILITY ACCOUNTS MUST BE IN THE HEAD OF HOUSEHOLD'S NAME.

Failure to maintain utility service in the head of household's name may result in the termination of housing assistance.

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.