

ANGELS OF GRACE HOMELESS PREVENTION PROGRAM

APPLICANT'S CERTIFICATION AND AUTHORIZATION

- _____ I/We applied for assistance from the Angels of Grace Homeless Prevention Program through Homelessness Prevention and Rapid Re-Housing Program (HPRP) Funds. In applying for the assistance, I/we completed an application/in-take form containing information regarding income.

- _____ I/We made no misrepresentations in the application/in-take form or other documents nor did I/we omit any pertinent information.

- _____ I/We authorize Angels of Grace Homeless Prevention Program verify information contained in our application/in-take form and other documents.

- _____ I/We authorize you to provide to Angels of Grace Homeless Prevention Program information concerning my/our employment history.

- _____ A copy of this authorization may be accepted as an original.

- _____ I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for this loan, as applicable under the provisions of Section 1014 of Title 18, United States Code.

Applicant Signature

Social Security Number

Print Applicant Name

Date

Co-Applicant Signature

Social Security Number

Print Co-Applicant Name

Date

AOG HPP Representative Signature

Date

Print AOG HPP Representative Name

Angels of Grace Foster Family Agency
1350 Van Ness Avenue, Fresno, CA 93721
Office: (559) 268-0000 * Fax: (559) 268-7728
AOG HPP Email: hprpinformation@gmail.com
Main Email: angelsofgrace0000@yahoo.com