

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

AFFIDAVIT

| | Head of Household: |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| | Social Security Number: |
| STATEMENT IS AS FOLLOWS: | |
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| I declare under the penalty of perjury that this statement (in me and to the best of my knowledge and belief is a true, corre | ncluding any accompanying Statements) has been examined by ect, and complete statement. |
| Signature of declarant | Date: |
| Head of Household signature: | Date: |
| | D. |
| Signature of Housing Authority Representative | Date: |



