

<input type="checkbox"/> Housing Authority of Brevard County (South) 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Melbourne Housing Authority 4000 N. Riverside Drive, #100 Indian Harbour, Florida 32937 (321) 775-1583 (O) * (321) 773-9918 (F)	<input type="checkbox"/> Housing Authority of Brevard County (North) 584 Player Lane Merritt Island, Florida 32953 (321) 775-1577 (O) * (321) 704-8103 (F)
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**Warning:** If you knowingly make a false statement of this Affidavit, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalties not to exceed \$10,000.00 for each violation.

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF BREVARD

I, \_\_\_\_\_, being fully sworn states:

1. I intentionally make out and sign this sworn statement for the purpose of obtaining any housing benefits available to me from the Housing Authority of Brevard County.
2. I understand that the Housing Authority of Brevard County's rules and regulations prohibit me from having my spouse or any other unauthorized person from living at my residence with me.
3. My spouse, \_\_\_\_\_, is not a member of my immediate  
(Spouse Name)  
household and makes no contribution to the family income.
4. I understand failure to report subsequent/additional income is a breach of the Housing Authority of Brevard County's lease and could result in a fraud investigation.
5. I understand that if I fail to abide by the rules and regulations of the Housing Authority of Brevard County, I may lose my assistance and be required to pay back any amounts owed to the Housing Authority of Brevard County if I obtained benefits that I was not legally entitled to receive.
6. I understand that providing false statements herein is an act of fraud and may subject me to lease termination as well as fraud prosecution by law enforcement.

\_\_\_\_\_  
**Affiant's Signature**

Sworn to and subscribed before me, under penalty of perjury by \_\_\_\_\_, who is  or who is not  to me personally known but produced \_\_\_\_\_ as identification this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
My Commission Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

