



Renton Housing Authority  
2900 NE 10<sup>th</sup> St.  
Renton, WA 98056

## HCV Briefing Completion Affidavit

I, \_\_\_\_\_, (tenant/applicant name), do hereby affirm and state:

1. I have been briefed on the program requirements for the Housing Choice Voucher (HCV) Program. This briefing took place on \_\_\_\_\_ (date of briefing), and included:
  - a. A presentation outlining program responsibilities
  - b. The HCV program briefing document
  - c. Appropriate contacts and resources for asking further questions about the HCV program:
    - i. Phone number: (425) 226-1850
    - ii. Fax: (425) 271-8319
    - iii. Email: See Website at [www.rentonhousing.org](http://www.rentonhousing.org) under Section 8/HCV tab, HCV Department Staff for a list of all Program Specialists alphabetically by last name.
2. I have reviewed all the briefing materials provided.
3. I understand there may be civil and/or criminal penalties if I knowingly omit information or give false information in connection with my application for assisted housing.

SIGNATURE

PRINT NAME

DATE

**Do you have an email address? Listing an email address is required, if you have one, for an alternate contact.**

Email address: \_\_\_\_\_