



Renton Housing Authority  
P.O. Box 2316  
Renton, WA 98056

Statement of HCV Briefing Completion: Project Applicant

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

1. That 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: [hcvteam@rentonhousing.org](mailto:hcvteam@rentonhousing.org)
2. That I have reviewed all the briefing materials provided.
3. That 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.

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SIGNATURE

PRINT NAME

DATE

**Do you have an email address? Would you like to be contacted using email? If so, provide your email address below.**

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

*Note: providing your email address is **optional**. If you do not provide your email address but sign, print your name and write the date on the signature line above, your certification document will be considered complete.*