

**MODEL FORM**

## Require Household Members to Certify SSNs in Three Situations

To comply with its rules on Social Security numbers (SSNs), HUD requires that you get certifications from members of applicant households who (1) give you a document other than an original Social Security card to prove their SSNs; (2) who don't have SSNs; and (3) who currently don't have an acceptable document to prove their SSNs.

Here are certifications that you can use for these three types of situations. Have each adult household member

(members 18 years and older), household head, co-head, and spouse sign his own certification. If the household member is younger than 18 years old and not a household head, co-head, or spouse, have the child's parent or guardian sign a slightly modified version of the sample certification. Have your attorney and local HUD office or contract administrator review and okay these certifications before you use them.

### **CERTIFICATION #1: CERTIFICATION FOR ADULT WHO PROVIDED ALTERNATIVE DOCUMENT FOR SOCIAL SECURITY NUMBER**

I hereby certify that I have provided the document identified below as proof of my Social Security number. I also certify that the document is complete and accurate.

PRINT NAME \_\_\_\_\_

DOCUMENT PROVIDED AS PROOF \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WARNING:** SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

### **CERTIFICATION #2: CERTIFICATION FOR ADULT WITHOUT SOCIAL SECURITY NUMBER**

I hereby certify that I have not been assigned a Social Security number.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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### **CERTIFICATION #3: CERTIFICATION FOR ADULT WITH SOCIAL SECURITY NUMBER BUT NO PROOF OF NUMBER**

I hereby certify that I have been assigned the Social Security number listed below, that the number is accurate, but that I cannot provide acceptable proof of that number at this time. I understand that I have 60 days from the date of this certification to provide acceptable proof of the Social Security number.

PRINT NAME \_\_\_\_\_

SOCIAL SECURITY No. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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