



# RESIDENT CONCERN FORM

Date \_\_\_\_\_ Name \_\_\_\_\_ Site \_\_\_\_\_

Thank you for bringing your concern to our attention. Please write your statement on this form. Knowing the penalty for making a false statement under the United States Criminal Code (see below), I hereby certify that the following is a true and full statement:

Multiple horizontal lines provided for writing a statement.

Section 35 (A) of the United States Criminal Code makes it a **criminal offense** punishable by a maximum of 10 years imprisonment, \$10,000 fine or both, to make a false statement or representation to any Department or Agency of the United States as to any matter within their jurisdiction. TITLE 18, SECTION 1001 of the United States Criminal Code states that a person is guilty of a **felony** for falsifying a material fact or knowingly and willingly making false or fraudulent statements to any department of the United States Government. The Housing Authority of the County of Riverside requests the information given above in its capacity as a Federal Agency.

Signed: \_\_\_\_\_ Address \_\_\_\_\_

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_