



**HOUSING AUTHORITY OF THE COUNTY OF CHESTER**

30 West Barnard Street, Suite 2  
West Chester, PA 19382  
Phone 610-436-9200 \* Fax 610-436-9203  
www.haccnet.org

**PUBLIC HOUSING**  
**ANNUAL APPLIANCE USAGE VERIFICATION**

Dear Tenant,

This form is to be completed annually for each unit. Each apartment/unit will be charged a flat monthly fee for each appliance "utility" usage for 12 months. These fees will be very affordable, however they will vary per apartment/unit. This provision is covered in your lease and the rates are pre-approved by HUD.

**PLEASE PRINT ALL INFORMATION**

**NAME** (Head of Household): \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE INDICATE HOW MANY OF EACH YOU HAVE:**

Air Conditioner(s):	_____	Refrigerator(s):	_____
Freezer(s):	_____	Stove(s):	_____
Microwave(s):	_____	Washer(s):	_____
Dryer(s):	_____	Television(s):	_____
Computer(s):	_____	Other (_____):	_____

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under section 101 of title 18 of the U.S. code.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_