



Water System Assistance Program Certification Form

I/We understand that the information provided is collected to determine if I/We are eligible to receive assistance provided through the Water System Assistance Program. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law. I/We certify hereby certify that we have not received other funds for the assistance requested.

I/We authorize the Department of Budget and Management and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for funding.

I/We acknowledge and understand that Title 18, Section 1001 of the U.S. Code (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal or cover up a material fact; (b) make any materially false, fictitious or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious or fraudulent statement or representation, to any branch of the United States government including recipients who distribute federal funds, and (2) requires a fine, imprisonment for not more than five years or both, which may be ruled a felony, for any violation of such Section.

I/We also understand that if my request for assistance is approved that this information will be shared with the Department of Budget and Management, the State of Maryland and the Department of Housing and Community Development.

WATER SYSTEM PROVIDER NAME _____

AUTHORIZED REPRESENTATIVE NAME _____

SIGNATURE _____

DATE _____

