I,, understand that by applying for benefits from the City of Tampa all responses provided below are true and correct and that any responses provided that are determined to be inaccurate may result in my removal from the Rental & Move-in Assistance Program (RMAP) and eligibility for participation in any future programs or benefits provided through the City of Tampa.	
eligible to receive assistance consistent w I will provide any records or other of Community Development Department for I require extra assistance in completing I acknowledge that providing false ACKNOWLEDGMENT including the Disalest ACKNOWLEDGMENT	documentation requested by the Housing and rethe purpose of determining my eligibility. Eating my application based on a disability. Certification or declaration to this bility Impact Statement may subject me to criminal rida along with disqualification from receiving of Tampa program.
To fully understand the impact of your disa assistance or benefits from the City of Tam	bility for a reasonable accommodation in applying for pa, please describe how the diagnosed condition is ausing you substantial limitations for completing the
Applicant Signature:	Date:

If you have any questions, please contact the City of Tampa ADA Coordinator at 813-274-3964.