

TENANT SUPERSEDEAS AFFIDAVIT

1. My name is (print name) _____
2. I have filed a notice of appeal from a magisterial district court judgment awarding to my landlord possession of real property that I occupy, and I do not have the financial ability to pay the lesser of three (3) times my monthly rent or the rent in arrears.

CHECK ANY BOX THAT APPLIES TO YOU AND FILL IN MISSING INFORMATION:

- ☐ I currently live in federally subsidized (reduced rent) housing or I am a participant in the Section 8 program and I am not subject to a final (i.e. non-appealable) decision of a court or government agency which terminates my right to receive Section 8 assistance based on my failure to comply with program rules.

The total amount of monthly rent that I personally pay to the landlord is \$ _____.

- ☐ I have paid my full rent for the current month. (If rent is paid for this month, then tenant shall pay monthly rent in 30-day intervals from date of notice of appeal filed)

OR

- ☐ I have **NOT** paid my full rent for the current month.
- ☐ I hereby certify that my monthly total household income does not exceed the income eligibility guidelines for the Section 8 program administered by the Pittsburgh Housing Authority. This means my monthly income is equal to or less than:

One person household	\$2,216.00	Two person household	\$2,533.00
Three person household	\$2,850.00	Four person household	\$3,166.00
Five person household	\$3,420.00	Six person household	\$3,675.00
Seven person household	\$3,929.00	Eight person household	\$4,183.00

The total number of people in my household is _____.

My total household income per month is \$ _____.

- ☐ I UNDERSTAND THAT THE INCOME ELIGIBILITY GUIDELINES SET FORTH ABOVE MAY CHANGE.
- ☐ I UNDERSTAND THAT ANY INCORRECT INFORMATION SET FORTH IN THIS AFFIDAVIT MAY NEGATIVELY IMPLACT ANY SUPERSEDAES IN MY CASE, INCLUDING POSSIBLE TERMINATION OF THE SUPERSEDEAS.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject of penalty of 18 Pa.C.S.A: Section 4904, relating to unsworn falsification to authorities.

Date: _____

Signature: _____