

# **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	\$2,929	Two-person household	\$3,350
Three-person household	\$3,767	Four-person household	\$4,183
Five-person household	\$4,521	Six-person household	\$4,854
Seven-person household	\$5,188	Eight-person household	\$5,525

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 SUPERSEDEAS 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: \_\_\_\_\_<sup>1</sup>