

TENANT SUPERSEDEAS AFFIDAVIT

1. My name is (print name) Susan Gole
2. I am filing an appeal from a magisterial district judge (district justice) judgment against me for rent due.

Check the appropriate box and fill in missing information:

☐ I currently live in federally subsidized (reduced rent) housing.

My share of the rent is \$ \_\_\_\_\_ each month.

☒ My household income does not exceed the income eligibility guidelines for the Section 8 program administered by the Pittsburgh Housing Authority. That means that my monthly income is equal to or less than:

One person household:	\$1,825
Two person household:	\$2,083
Three person household:	\$2,346
Four person household:	\$2,604
Five person household:	\$2,813
Six person household:	\$3,021
Seven person household:	\$3,229
Eight person household:	\$3,438

I UNDERSTAND THAT THE INCOME ELIGIBILITY GUIDELINES SET FORTH ABOVE MAY CHANGE AND THAT IT IS MY RESPONSIBILITY TO DETERMINE THE CURRENT INCOME ELIGIBILITY GUIDELINES BEFORE COMPLETING THIS AFFIDAVIT.

The total number of people in my household is 2.

My total household income per month is \$ 20500.

I understand that false statements herein are made subject to penalty of 18 Pa.C.S.A. Section 4904, relating to unsworn falsification to authorities.

Date: 4-25-2012 Signature: Susan Gole

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DEPT. OF COURT RECORDS  
CIVIL/FAMILY DIVISION  
ALLEGHENY COUNTY PA