

APPLICANT'S STATEMENT

I hereby certify, under penalty of perjury, that I

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination and/or penalties as specified.

Applicant's Signat	ure	Date	Date	
Address				
City	State	Zip Code		
	FOI	OFFICE USE ONLY		
The above applicant statement is being utilized for documentation of the following eligibility criteria:				
Signature of Cert	ifying Official	Date		

An Equal Opportunity Employer/Program. Auxiliary Aids and Services Upon Request to Individuals with Disabilities TTY/TDD 800.255.0056

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