

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 Signature

Date

Address

City

State

Zip Code

FOR OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following eligibility criteria:

Signature of Certifying Official

Date