

SELF-ATTESTATION FORM

IDENTIFYING INFORMATION
Applicant's Name
Address
Social Security Number (Last 4 Digits)

I hereby certify under penalty of perjury that the following information is true:

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 by law.

Applicant's Signature	Date
Applicant's Address	
Parent or Guardian Signature (as needed)	

The above Self-Attestation is being utilized for verification of the following eligibility criteria:

Certification
I certify that the individual whose signature appears above provided the information recorded on this form.
Staff Signature/Date _____