

ATTACHMENT I

APPLICANT STATEMENT FORM

I certify, under penalty of perjury that I _____

(If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.)

Applicant's Signature _____ Date _____

Applicant's Address, City, State, Zip _____

Corroborating Witness Signature _____ Date _____

Witness' Relationship to Applicant _____

Office Use Only

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

Signature of eligibility/intake worker _____

Date _____