ATTACHMENT E

**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:

Staff Signature and Title:

Date: