## **Applicant Statement**

| IDENTIFYING INFORMATION  |                    |                      |                         |     |
|--|--------------------|----------------------|-------------------------|-----|
| Applicant's Name:  |                    |                      |                         |     |
| Participant ID:  | Last               | First<br>Ap          | MI<br>olication Date:   |     |
| Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence.  Married Couple & Dependent Children  Parent or Guardian & Dependent Children  Married Couple  |                    |                      |                         |     |
| Applicant Statement:   |                    |                      |                         |     |
| Please provide a brief description on your lack of or unverifiable income or employment, the documentation limitations, and how you have been supported for the 6-month period prior to application. If unable to obtain a satisfactory witness, please explain below. |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
| I hereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.      |                    |                      |                         |     |
| Appli  | cant's Signature   | Dat                  | e                       |     |
| Corroborative Witness Statement:   |                    |                      |                         |     |
| Please provide a brief description below describing your knowledge of the above participants household income or employment as you understand it:  |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
|  |                    |                      |                         |     |
| I hereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that I am a corroborating witness and that I possess the knowledge to validate the participants statement as listed above.                        |                    |                      |                         |     |
| Witness'   | Signature          | Witness Printed Name | D                       | ate |
|  |                    |                      |                         |     |
| Witness' Relatio   | nship to Applicant | Witne                | ss' Contact Information |     |
| Office Use Only  |                    |                      |                         |     |
| The above applicant statement is being utilized for documentation of low income for eligibility purposes, I have reviewed all documentation sources and documentation limitations with the participant and the corroborative witness.                                  |                    |                      |                         |     |
| Case Manage  | er Signature       |                      | Date                    |     |

