Certification of Information

I certify that to the best of my knowledge the total income for my family is

I further certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible.

I hereby grant permission and authorize any employer, utility company, fuel company, Veteran’s Administration, local Department of Social Services, Social Security Administration, and other public and/or private institution to share information regarding my past and/or present financial situation in order to determine whether or not I am eligible for services. I allow release of information contained herein for purposes of verification.

I understand that any personal information I provide will be held in confidence in order to protect my privacy.

Applicant's Signature _______________________________ Date __________

Staff Signature _______________________________ Date __________

This form must be completed in front of a staff member. Your application must be submitted in person.