Customer Statement

Customer Name _____ SSN _____

I hereby certify the following:

_____
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_____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

_____ _____
Customer Signature Date

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

_____
_____
_____
_____

_____ _____
Signature of Certifying Staff Person Date

PRIVACY ACT STATEMENT: *Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is* ***mandatory****. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.*

CareerSource Pinellas is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

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