



Customer Statement

Customer Name _____ SSN _____

I hereby certify the following:

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.