

Statement of Eligibility

I, _____, solemnly state, by my signature below, that the following statements regarding my eligibility for services and benefits are true and correct to the best of my knowledge.

Please provide a brief description of the reason you are seeking assistance

Household Members:

Name	SS#	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Neighbor Signature: _____ Date: _____

Signature Witnessed by _____ Date _____