

APPLICANT / RECIPIENT SWORN STATEMENT

Case Name: _____

Case Number: _____

You are being asked to provide: Information Clarification regarding:

This information will be used in determining your eligibility for assistance/benefits.

Applicant / Recipient is unable to read, above statement was read to applicant/recipient by worker.

Applicant's/Recipient's Statement of Information/Clarification:

(Your statement will tell us what you know about the above information.)

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this statement is true and correct. I understand that my/our signature(s) gives the County of Ventura Human Services Agency permission to investigate and/or verify the(se) statement(s).

Applicant/Recipient unable to write. The worker wrote the above statement according to the applicant's/ recipient's verbal statement and then read the statement and the declaration of perjury to the applicant/recipient.

_____ Signature of Applicant/Recipient	_____ Date	_____ County Where Signed
_____ Signature of Spouse or Other Parent	_____ Date	_____ County Where Signed
_____ Worker Signature	_____ Date	_____ County Where Signed