

Self-Attestation

Instructions: Please leave questions blank or strike through the questions that do not apply to you.

I, _____, attest the following:

- That my name is _____.
- That I live with the following people:

Name	Relationship to Me	Date of birth or, if I don't know, age

- That my current income is \$_____per *(pick one)* week/month/every two weeks.
 - That my Social Security number (SSN) is _____(or that I do not have a SSN).
 - That my current address is: _____, Apt____, NY_____. My monthly rent is \$_____.
 - That I am legally divorced from_____.
 - Despite my best efforts, I cannot locate the following documents:
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 - That I am asking HRA, NYSOH, DOH, and other agencies to assist me in obtaining other information to approve my applications for benefits and help.
 - That the contact information for my landlord is:
 - That I am unable to obtain documentation or other evidence in support of my application at this time due to _____.
- I affirm that the following is true and correct to the best of my knowledge. I affirm that answers left blank do not apply to me or I do not have that information.*

X

Signature

Date