

**SELF DECLARATION OF NEED**

I declare that to the best of my knowledge I am the only member of the household represented in the application that has applied for assistance in the program. I certify that my household meets the income guidelines of this program, and that all information concerning my income and the number of people living in my home has been disclosed during the interview. I authorize Insert Agency Name to share and obtain relevant information with community partners concerning my application in order to secure additional assistance for my household. Further, I certify that all information that has been spoken or presented to Insert Agency Name in order to receive assistance of any type is true and correctly represented on this application, realizing that misrepresentation is illegal. I understand that any violation of the above mentioned items will result in denial/termination of assistance and may result in fines or imprisonment. I have been informed that I have a right to a Fair Hearing if I feel I have not been fairly treated in the determination of my eligibility for services. Further, I understand that a Fair Hearing may be requested in writing within 10 days to Insert Agency Name.

In accordance with Federal Law, Insert Agency Name is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability.

**Applicant Signature:** \_\_\_\_\_

**Agency Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Information Chart Key**

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| <p style="text-align: center;"><b><u>Race</u></b></p> <ul style="list-style-type: none"><li>• Black or African American (B)</li><li>• American Indian/Alaskan Native (N)</li><li>• Asian (A)</li><li>• Hawaiian/Pacific Islander (P)</li><li>• Other (O)</li><li>• Multi-race (M)</li></ul> |
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| <p style="text-align: center;"><b><u>Education Level</u></b></p> <ul style="list-style-type: none"><li>• 0 – 8</li><li>• 9 – 12 Non Grad</li><li>• HS Grad/ GED</li><li>• 12+</li><li>• College Grad</li></ul> |
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