



NAME ATTESTATION

State Form 57096 (4-21)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

This form must be used when the Applicant's or Co-Applicant's name does not match all sources of verification information provided to the Intake Agent.

Name of individual <i>(Must be recorded as it appears on the CCDF Application.)</i>	Check one: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant
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The above-named individual is also known by the following names, and all names listed are the same person.

List any other names, including those on documents provided, the Applicant / Co-Applicant is using or has used.

Printed name

Printed name

Printed name

Printed name

PROOF

AFFIRMATION

I hereby affirm, under the penalties of perjury, I am the above named individual and I have personally prepared the foregoing statement for myself and the same is true to the best of my knowledge and belief.

Signature of Applicant / Co-Applicant

Date *(month, day, year)*