



\*Please use black pen\*

Case # \_\_\_\_\_

**SWORN STATEMENT OF FACT**

I, *(print name)* \_\_\_\_\_,

living at \_\_\_\_\_,

California, do swear, under penalty of perjury, that the following is true and correct: \_\_\_\_\_

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*I understand that giving false or misleading statements or misrepresenting, withholding, or hiding facts on purpose to try and get benefits I am not eligible to receive, or to help someone else get benefits they are not eligible to receive is considered fraud and can be subject to penalties which may include being charged with a felony.*

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Date

**Statement Acknowledged by:**

\_\_\_\_\_  
Signature of DSS Representative

\_\_\_\_\_  
Date of Acknowledgement

\_\_\_\_\_  
Title & Worker Number

Witnessed in person       Received by mail