



# CUSTOMER SELF-CERTIFICATION STATEMENT

IDENTIFYING INFORMATION		
Participant Name:	_____	
	Last	First MI
Address:	_____	
OSL Participant ID:	_____	Application Date: _____
<i>The following certification is being used to determine eligibility for</i>		

I hereby certify under penalty or perjury that the following information is true: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that the information stated about is true and accurate. I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/ or penalties as specified law.

\_\_\_\_\_ Signature of Parent or Guardian (required for an applicant age 17 or under)

\_\_\_\_\_ Customer Signature and Date

\_\_\_\_\_ Customer's Address and current Phone Number

CERTIFICATION	
I certify that the information recorded on this form was provided by the individual whose signature appears above.	
_____	_____
Case Manager/ Witness	Date