



Notarized Client Declaration

Important: Please make a statement in the space provided below. Do not alter, strike through, or use white-out on any form. If you make a mistake, you can complete a new form. Use of white-out may deny or delay determination of services.

I hereby certify that the above statement is true to the best of my knowledge. I am aware that if I knowingly provide false, misleading, or incomplete information it may result in the denial of services, and I may be reported to the Department of Law Enforcement Division of Public Assistance Fraud to be prosecuted for fraud.

Print Name: _____

Signature: _____

Date: _____

THIS FORM MUST BE NOTARIZED

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online

notarization, this _____ day of _____, 20____, by _____.

Name of Notary Typed, Printed, or Stamped:

Signature of Notary Public-State of Florida: _____

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____