



# 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
The above-named individual is also known by the following names, and all names listed are the same person.	
<i>List any other names, including those on documents provided, the Applicant / Co-Applicant is using or has used.</i>	
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 <i>(month, day, year)</i>