

NORTH FORK RANCHERIA TRIBAL TANF

STATEMENT OF FACTS ____, make the following statement: I hereby grant permission to North Fork Rancheria Tribal TANF to investigate and verify the above information provided by me to determine eligibility. Under penalty of perjury, I certify that the above information is true and correct to the best of my knowledge and belief. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense and/or fraud, disqualifying me for North Fork Rancheria Tribal TANF and/or resulting in an overpayment that I may be required to reimburse North Fork Rancheria Tribal TANF. Applicant/Client Signature Date

Date

NFRTT Staff