

Case ID: _____	Casehead: _____
County Case No: _____	Worker # : _____

North Carolina Residency Applicant Statement

_____ County Department of Social Services

I, _____, verify that I cannot provide two North Carolina State residency verification documents.

I declare the above information is true and accurate. I understand that this declaration form is used to help determine my eligibility. I understand that false or misleading information given by me may result in Work First benefits for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Applicant's Signature: _____ Date: _____

Address: _____

Telephone No. _____