

Disaster Relief Assistance for Immigrants
Self-Attestation Form

Applicant Information

Application Number: _____

FIRST NAME

LAST NAME

Application and Eligibility Attestation:

I, _____, hereby attest that I meet all the eligibility criteria for the Disaster Relief Assistance for Immigrants funding.

I attest that the all the answers, information and documentation I provided for the application for this one-time disaster relief assistance are true and accurate to the best of my knowledge. I understand that if any answer, information or documentation I provided is untruthful or incomplete, my application will be denied.

APPLICANT'S SIGNATURE

DATE