

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
NAME ATTESTATION (v5-20-12)

Individual's Name _____ Applicant Co-Applicant
The name above should be recorded as it appears on the CCDF Application (State Form 805)

is also known as:
List any other names, including those on documents provided, the Applicant or Co-Applicant is using or has used.

_____ (Printed Name)

_____ (Printed Name)

_____ (Printed Name)

and that all names listed above are the same person.

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 Individual _____ Date _____

NOTE: This document shall be used when the Applicant or Co-Applicant's name does not match all sources of verification information provided to the Intake Agent.