

**DEPARTMENT OF HEALTH AND HUMAN SERVICES NORTH CAROLINA  
DIVISION OF SOCIAL SERVICES  
SPECIAL ASSISTANCE IN-HOME PROGRAM (SAIH)**

SAIH Application # \_\_\_\_\_

SAIH PDC # \_\_\_\_\_

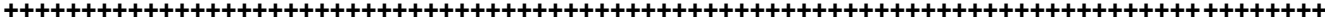
**Signature Attestation**

I, \_\_\_\_\_, attest that:  
(print name)

- My current income is not sufficient, without Special Assistance In-Home payments, to cover all of the necessary expenses to safely remain at home.
- The full Special Assistance In-Home payment amount is needed in order for me to meet all of those expenses.

\_\_\_\_\_  
Applicant/Beneficiary Signature

\_\_\_\_\_  
Date Signed



I, \_\_\_\_\_, attest that:  
(print name of Legal Representative)

- The current income of \_\_\_\_\_ is not sufficient, without  
(name of Applicant/Beneficiary)  
SAIH payments, to cover all of the necessary expenses to safely remain at home.
- The full Special Assistance In-Home payment amount is needed to meet all of those necessary expenses.

\_\_\_\_\_  
Legal Representative's Signature

\_\_\_\_\_  
Date Signed