

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 verify that I meet North Carolina state residency requirements for Work First 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: _____

Physical Address: _____

Telephone No. _____

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.