

M-19N Verification of Public Assistance

•	. 300-C Outlet Pointe Biva., Coll	From:	
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		Phone:	Fax:
		Email:	
E:			
Applicant's Name			
hereby authorize release of	f my information.		
ignature of Applicant	•	Date	
ignature of Applicant		Date	
OR copy of the attac	hed executed release for	n which authorizes the inf	ormation to be requested.
sistance program which we o	perate. This information	will be used only to deter	
ssistance program which we of benefit for the household. Yo	operate. This information our prompt response is gi	will be used only to deter	mine the eligibility status and leve
ssistance program which we of benefit for the household. Yo	operate. This information our prompt response is great the compt response is great the complete	will be used only to deter reatly appreciated.	old applying for participation in the mine the eligibility status and level
ssistance program which we of benefit for the household. You have been selected as THIS SEC	operate. This information our prompt response is great our prompt response in the complete our prompt rest.	will be used only to deter reatly appreciated.	mine the eligibility status and level
ssistance program which we of benefit for the household. You THIS SECTION 1. Number of family members 2. Aid to Families with Dependent	operate. This information our prompt response is great our prompt response in the complete our prompt rest.	will be used only to deter reatly appreciated. D BY PUBLIC ASSISTANCE. Monthly	mine the eligibility status and level
THIS SEC 1. Number of family members. 2. Aid to Families with Dependent. 3. Additional General Assista	coperate. This information our prompt response is great to the complete of the	will be used only to deter reatly appreciated. D BY PUBLIC ASSISTANCE. Monthly	mine the eligibility status and level
THIS SEC 1. Number of family members. 2. Aid to Families with Depert. 3. Additional General Assistant. 4. Does this amount include	court awarded support pay	will be used only to deter reatly appreciated. ED BY PUBLIC ASSISTANCE Monthly Monthly	mine the eligibility status and level CE PROVIDER
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THIS SEC 1. Number of family members 2. Aid to Families with Depermental Assistant 4. Does this amount include 5. Is there additional assistant 6. Gross Monthly Income: \$	court awarded support pay	will be used only to deter reatly appreciated. D BY PUBLIC ASSISTANC Monthly Ments? Yes Mo	mine the eligibility status and level CE PROVIDER
THIS SECTION 1. Number of family members of family members of family members. Additional General Assistance Does this amount include 5. Is there additional assistance 6. Gross Monthly Income: \$7. Amount of public assistance.	court awarded support pay	will be used only to deter reatly appreciated. D BY PUBLIC ASSISTANC Monthly Ments? Yes Mo	mine the eligibility status and level CE PROVIDER
THIS SEC 1. Number of family members 2. Aid to Families with Depers 3. Additional General Assistant 4. Does this amount include 5. Is there additional assistant 6. Gross Monthly Income: \$	court awarded support pay nce/income? Source:	will be used only to deter reatly appreciated. D BY PUBLIC ASSISTANC Monthly Ments? Yes Mo	o nthly

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.