SOBOBA TRIBAL TANF PROGRAM
STATEMENT OF FACTS

EMAIL FORM

Please print clearly.

Name:	Birth Date:
Home Phone:	Residential Address, City ,State, and Zip Code
Message Phone:	Mailing Address (if different), City, State, and Zip Code

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information provided in this statement of facts is true, correct, and complete. I understand that falsification of any information is grounds for termination from the Soboba Tribal TANF program. The penalty will include financial recovery of any assistance provided to me and a possible lifetime denial of Soboba Tribal TANF assistance. I further understand that deliberate perjury can and may lead to prosecution in the court of law.

Statement of Facts:

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I declare under penalty of perjury under the laws of the United States of America and the State of California that the information provided in this statement of facts is true, correct, and complete.

Signature	**Date**
Signature	**Date**