SIGN THE APPLICATION:

I swear under penalty of perjury that the statements and documents provided about myself and persons in my home, that relates to my eligibility for benefits, including any information regarding citizenship or alien status, is true and correct to the best of my knowledge, and that I have not withheld any information. I swear under penalty of perjury that any photocopied information I have provided are the same as the original documents. For Nutrition Assistance and Cash Assistance, I also swear under penalty of perjury that the statements regarding felony convictions and compliance with probation/parole are true and correct.

Signature of Applicant:	Date:
Signature of Spouse (CA and NA ONLY):	Date:
Signature of Other Adult in Household:	Date:
Signature of Authorized Representative:	Date:
Signature of Witness (if signed with mark):	Date:

	Submit your signed application along with any supporting documents to the following address:
	Arizona Department of Economic Security
-	Family Assistance Administration
	P.O. Box 19009
\$	Phoenix, Arizona 85005-9009
.*	Note: You can file an application with only your name, address, and the signature of a
Ė	responsible household member or your authorized representative. Eligibility cannot be
	determined until you complete a full application.

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