

Date _____

CLIENT STATEMENT

| | | |
|---|---|--|
| <input type="checkbox"/> Shelter Statement | <input type="checkbox"/> Fraud Statement | <input type="checkbox"/> Voluntarily Withdrawing Application |
| <input type="checkbox"/> Voluntarily Terminating Assistance | <input type="checkbox"/> Initiate, Change, or Remove a Vendor Payee | <input type="checkbox"/> Change the Amount of a Vendor Payment |
| <input type="checkbox"/> Lack of Adequate Child Care | <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Other: |

Client's Statement:

Signature

Date

Printed Name

This institution is an equal opportunity provider.

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301