

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**NAME ATTESTATION** (v5-12)

Individual's Name: \_\_\_\_\_  Applicant  Co-Applicant

*The name above should be recorded as it appears on the CCDF Application (State Form 805)*

is also known as:

*List any other names, including those on documents provided, the Applicant or Co-Applicant is using or has used.*

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

and that all names listed above are the same person.

I hereby affirm, under the penalties of perjury, I am the above named individual and I have personally prepared the foregoing statement for myself and the same is true to the best of my knowledge and belief.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This document shall be used when the Applicant or Co-Applicant's name does not match all sources of verification information provided to the Intake Agent.**