



PART 2 – To Be Completed By Non-Applicant or Recipient Owners

Should I make a gift of this asset or of any portion of this asset to the applicants or recipients, I understand that I must notify the Department within 10 days of my doing so. Should any co-owner make a gift of this asset or a portion of this asset to the applicants or recipients, I understand that I must notify the Department within ten days of my becoming aware of such a gift.

In addition, I understand that if I become aware of the fact that the applicants or recipients has removed funds from this account and used them for purposes other than those described above, I must notify the Department within ten days of my becoming aware of any such action.

In signing this statement I certify that the information I have given is true to the best of my knowledge and belief.

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

PART 3 – To Be Completed By Applicants or Recipients

I certify that the asset listed in PART 1 is owned by the following persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I obtain any portion of this asset which I do not currently own, either as a gift from the owner or co-owners named above or by any other means, I must notify the Department within ten days of this change having taken place.

In signing this statement I certify that the information I have given is true to the best of my knowledge and belief.

Applicant's or Recipient's signature	Social Security no.	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____