



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax

Certified True Statement

Name: _____

Phone# _____

Address: _____

CIF# _____

I hereby certify, under penalty of perjury under the laws of the State of California and the Hoopa Valley Tribe that all statements, answers, and representations on this form, and all attachments, are true, complete, and accurate.

 Client Signature

 Date and Place Signed

 Client Signature

 Date and Place Signed

 Signature of Witness

 Date