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Southwest Michigan Community Action Agency



HELPING PEOPLE. CHANGING LIVES
Serving Berrien, Cass, and Van Buren Counties

SMCAA All-Inclusive Signature Declaration

This signature declaration constitutes as an all-inclusive signature for all Southwest Michigan Community Action Agency (SMCAA) emergency services forms.

SMCAA emergency forms are as follows:

- Client Application
- Copy of Household income with income calculation sheet
- Emergency Assistance Verification form
- Metered Utility Verification form (if using funds for utility)
- Release of Information
- Emergency resolved and not reoccur form
- Receipt of Grievance/Appeals Procedure

I, _____, am signing this all-inclusive as an alternative for all SMCAA emergency services forms. I declare that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. Southwest Michigan Community Action Agency (SMCAA) may use my information to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. I understand that I may request a review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

By signing below, I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

SIGN FULL NAME BELOW

Signature of Applicant

DATE

