



CERTIFICATION OF INFORMATION

We, client and provider certify that the information on this application is true and correct, and there is supporting documentation for the claims. No information has been withheld that may influence the client's eligibility for assistance.

The client understands that if they are found to have withheld information or have misrepresented themselves or their need, they will be barred from accessing the program. The provider and the client acknowledge that this is a federal program and they may be prosecuted for making false or misleading statements.

By signing below, we (Client and Provider) acknowledge that the CCA considers every application on a case-by-case basis. Eligibility for the program does not guarantee approval. Acceptance of one grant does not guarantee approval of additional grants. Many factors are considered prior to acceptance or denial of any application.

Client's Full Name: _____

Client's Signature: _____

Date: _____

Provider's Full Name: _____

Provider's Signature: _____

Date: _____

Type of Service Applying For: **PHP** **STRMU** **TBRA**