

# Montgomery County Department of Job and Family Services

1111 S. Edwin C. Moses Blvd. ! P.O. Box 972 ! Dayton, Ohio 45422

## Third Party Statement

Unit	Date	Case Name	Case Number
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**It is necessary to verify the members of a household** in Public Assistance cases. For your convenience, we are providing this form to help you meet this requirement. It should be completed and signed by a person who:

- **does not reside** in your home; and
- **is not related to** either you or anyone else who is living in your household; and
- **is knowledgeable** about your situation.

**Please bring this form with you to the interview for (re)determination of your eligibility.**

The Montgomery County Department of Job and Family Services has my permission to contact the person completing and signing this form to clarify and/or obtain additional information necessary to (re)determine my eligibility for Public Assistance.

Applicant's/Recipient's Signature	Date
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**STOP! WARNING: Completion of any items below by CUSTOMER will invalidate this form!**

### To Be Completed by a Third Party:

To the best of my knowledge, the following persons live at this address:

Street	City	State <b>OHIO</b>	Zip
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In the area below, list the **FULL** names of all persons who live at the above address:

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I understand that by completing and signing this document, I am verifying to the best of my knowledge that all members listed above are included in the household and that no members have been excluded.

Signature of person completing form	Date	Phone	
Street	City	State	Zip

**Do Not Write Below This Line (Agency Use Only)**

This statement is acceptable for eligibility.    ~ Yes;    ~ No

Employee's Signature	UNID	Date
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