

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF SOCIAL SERVICES

Please use black pen

Case #		

SWORN STATEMENT OF FACT

I, (print name)	
living at	
California, do swear, under penalty of perjury, th	nat the following is true and
correct:	
I understand that giving false or misleading statements or n on purpose to try and get benefits I am not eligible to receiv are not eligible to receive is considered fraud and can be such arged with a felony.	e, or to help someone else get benefits they
Signature of Person Completing this Form	Date
Statement Acknowledged by:	
Signature of DSS Representative	Date of Acknowledgement
Title & Worker Number	
☐ Witnessed in person ☐ Received by mail	

DSS 6 (Rev: 03/27/19) Sworn Statement of Facts