THE NAVAJO NATION

DEPARTMENT FOR SELF RELIANCE

DIVISION OF SOCIAL SERVICES

STATEMENT OF TRUTH

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I, _____ certify the above statement is true and correct to the best

PRINT NAME

of my knowledge. I understand any false information given with the intent of fraud is cause for disqualification. Furthermore, I hereby certify I was not coerced in any manner to sign this form.

_____ _____

Signature Date