
Authorized Representative Declaration Form

This form must be completed and attached to the application prior to final submission.

I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct. I understand that falsification of representations in this application may subject the applicant to criminal sanctions including fines and/or imprisonment pursuant to Section 2921.77 of the Ohio Revised Code and make the applicant ineligible for future state assistance pursuant to Section 9.66 of the Ohio Revised Code.

Authorized Representative's Signature:

_____ Date: _____
(Original Signature only)

Authorized Representative's Name: _____

Authorized Representative's Title: _____