



SELF DECLARATION OF LIQUID ASSETS

Name: _____ Last 4 SSN or Birthdate: _____

All the boxes below must be checked, and all questions answered. This form must be completed in order to process your application.

- I do NOT have a checking/savings account
- I do NOT have a prepaid card (ex. Netspend, Chime, GOBANK, Walmart Money Card, etc.)

The only liquid asset/savings I have is \$_____

Applicant must read the following and sign below:

I certify that all the information above is true and correct. I understand that this information is to be used to determine eligibility for program assistance. I understand that the falsification or omission of any information on my application, any program paperwork or any other documents may cause denial and/or termination of any program services offered by CHAP and I may have to repay benefits received.

Signature of Applicant: _____ Date: _____

Staff Signature: _____ Date: _____