



CITIZENSHIP ATTESTATION FORM

Date: _____ Family Support Provider Agency: _____

Name of Family Support Recipient: _____

Address of Family Support Recipient: _____

Phone Number of Family Support Recipient: _____

Please complete the section below and check the appropriate status.

I, _____ (name of Family Support recipient), hereby
attest that I am (please check one box);

☐ **a United States citizen** or

☐ **a qualified alien**

I understand that if I do not provide the appropriate documentation necessary to verify my citizenship or qualified alien status, then I will not be eligible to receive Family Support benefits. Also, I understand that if I knowingly and willfully make a false, fictitious, or fraudulent statement or representation of citizenship or qualified alien status, I may be found to be liable under the False Claims Act in T.C.A. § 4-18-101 et seq., criminal charges under 18 U.S.C. § 911, or any other applicable federal or state statute.

Signature of Family Support Recipient

If form is completed by someone other than the Family Support recipient:

I, _____, hereby attest that the information provided in this form is true and accurate to the best of my knowledge. Furthermore, I was either given permission by the recipient or have the legal authority to complete and submit this form on his/her behalf.

Relationship to FSP Recipient

Signature

Phone #

**NOTE: Return this signed form to your Family Support provider agency.
This form must be completed annually.**