

**USDA-FFWR Grantee Partnership
PERSONALLY KNOWN ATTESTATION**

This personally known attestation of identity is to be provided by a credible witness who is a ___ family member, ___ co-worker, ___ longtime friend ___ acquaintance (*explain below*).
(Check the one that best describes the relationship)

On this _____ day of _____ (month/year), under penalties of perjury, I, swear (or affirm) that the person applying for the USDA-FFWR relief is personally known to me as _____ (name of person); and is the person named in the document requiring USDA-FFWR Grantee Partnership Application; that I believe this person does not possess the required identification; that it would be difficult or impossible for this person to obtain such identification; and that I have no financial interest in and am not a party to the USDA-FFWR relief payment.

Explanation of how the person attesting personally knows the applicant: _____

Print Applicant's Full Name: _____
Signature of Applicant: _____
Print Applicant's D.O.B: _____

Print Name of Witness: _____
Signature of Witness: _____
Witness Phone Number: _____

Name of Project Staff Member: _____
Organization or Group Name: _____

County Where Application Is Being Completed: _____
Does Applicant Permanently Live in This County? ___ Yes or ___ No: Explain: _____

State: _____