

COLLATERAL STATEMENT OF UNEMPLOYMENT

Attention: This form must be filled out by someone other than a household member or relative.

Date: _____

Participant Name: _____

I, _______ verify that I know for a fact that the above named person is PRINT NAME

unemployed and does not have any income at this time.

By signing this form I certify that information contained in it is true and correct to the best of my knowledge.

Furthermore I understand that this is a Federal Program and falsification of information on this form may be

grounds for disciplinary action against the above named participant and/or their household.

SIGNATURE: _____

Address: _____

Phone Number: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or

- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

7/25/22