

# Claim Form

*If you believe you may qualify for the class, please verify the information you filled in the Income Verification Form by completing this form. For your claim to be considered, you must sign the declaration that you submit this information under the penalty of perjury.*

Your Name:

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Your Current Address:

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Street Address

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City

State

Zip code

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Social Security Number

**Declaration:** I declare under the penalty of perjury per 28 U.S.C. § 1746 that the foregoing information in this form is true and correct to the best of my knowledge and ability.

Signature:

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Date (MM/DD/YYYY):

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