

DISCLOSURE FORM AFFIDAVIT



STATE OF _____)

COUNTY OF _____)

I, _____, on behalf of _____

Do hereby swear (or affirm) that I have personal knowledge that the information in this Disclosure Form in answer to Questions 1, 2, 3 and 4 is true and accurate. I swear (or affirm) that the information provided is based upon my personal knowledge after exercising diligent efforts to be apprised of all the facts and circumstances necessary to provide the information. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to prosecution for perjury. I understand and acknowledge that all of the answers are material to the determination of whether a reimbursement claim will be paid.

Dated: _____

(signature)

(type or print name here)

(title)

Sworn to and subscribed before me this _____ day of _____, _____

(notary public)

My commission expires: _____