

# CSBG ELIGIBILITY AFFIDAVIT

DELEGATE AGENCY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT NAME (PRINT): \_\_\_\_\_ SOCIAL SECURITY NUMBER: (LAST 4 DIGITS ONLY) \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING IF SOCIAL SECURITY CARD AND/OR SOCIAL SECURITY NUMBER ARE NOT PROVIDED**

- I DO NOT HAVE A SOCIAL SECURITY CARD WITH ME TODAY.
- I REFUSE TO PROVIDE MY SOCIAL SECURITY NUMBER
- I CANNOT RECALL MY SOCIAL SECURITY NUMBER
- I DO NOT HAVE A SOCIAL SECURITY CARD

**NO IDENTIFICATION**

- I HEREBY CERTIFY THAT I HAVE NO IDENTIFICATION
- I HEREBY CERTIFY THAT I HAVE NO PROOF OF IDENTIFICATION

Choose only one of the items below, for each associated 30-Day period. Insert the date range where income information is not provided and note the related status **(NI or NPI)**.

**NO INCOME and/or NO PROOF OF INCOME**

- I HEREBY CERTIFY THAT I HAVE NO INCOME **(N.I.)**
- I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME **(N.P.I.)**

0 - 30 Days

31 - 60 Days

61 - 90 Days

**CHILD SUPPORT SERVICES AFFIDAVIT**

I, \_\_\_\_\_, received information from an Agency staff member concerning the Illinois Child Support Enforcement Services. I was provided information concerning the regional locations within the State in accordance to the counties served, where I may apply. I understand that it is my responsibility to seek further services if warranted.

CLIENT (HoH)  
SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

AGENCY REPRESENTATIVE

NOTICE - YOU MUST BRING ALL MISSING DOCUMENTATION WITH YOU ON YOUR NEXT VISIT TO OUR OFFICE FOR SERVICES. THANK YOU.

FULL NAME (OF ALL FAMILY MEMBERS)	NO INCOME	NO PROOF OF INCOME	NO ID	NO PROOF OF ID	NO SOCIAL SECURITY NUMBER	NO PROOF OF SS#
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT (HoH)  
SIGNATURE:

---

AGENCY  
REPRESENTATIVE:

---