



DC ONEAPP NOTARIZED STATEMENT

THIS FORM IS FOR SPECIAL CIRCUMSTANCES ONLY

This form must be submitted with an original signature and original Notary of the Public stamp.

Any party making the below statement must sign and date this statement. This statement must bear the original, official, signed and dated seal of a recognized Notary of the Public.

Applicant Information

First Name: _____ Last Name: _____ SSN: XXX-XX-_____
(last 4 digits)

Purpose for Notarized Statement

Domicile/residency (i.e. certified D-40 tax return, utility bill) Guardianship Other

Explanation of Circumstances _____

Review and confirm that the statement below is true with a check mark:

I understand that by submitting this statement, I am giving the District of Columbia permission to verify this statement and that the information provided in this statement is true. Any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, payment of a fine of not more than \$ 500, or imprisonment for not more than 90 days, or any combination thereof. The case of a person who knowingly supplies false information may be referred to the Office of the Attorney General for consideration for prosecution (DC Official Code §38-312).

Relationship to Applicant

Self Parent/Legal Guardian Family Member Mentor/Counselor Friend Other _____

Name (Please Print) Signature Date

Mailing Address Phone Notary Stamp

Office Use Only: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
_____ Supervisor	_____ Date