

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
Division of Housing and Community Resources

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**CERTIFICATION OF NO SOCIAL SECURITY NUMBERS**

Native American Advancement Corp

Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

The department requires that all applicants for the Weatherization Assistance Program disclose and verify the Social Security Numbers (SSN) for each household member. Any member of the household who has not been assigned an SSN must certify that an SSN has not been assigned by signing this certification. If the individual who is required to execute this certification is less than 18 years of age, his or her parent or guardian must execute it.

I, \_\_\_\_\_, certify that I have not been assigned a Social Security Number

OR

I, \_\_\_\_\_, certify that \_\_\_\_\_ a minor, whose parent or guardian I am, has not been assigned a Social Security Number.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date of Signature

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION**