

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

---

**EMERGENCY SERVICE ACKNOWLEDGEMENT FORM**

Agency Name: Native American Advancement Corp

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

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

I \_\_\_\_\_, hereby acknowledge the following:

- I request that emergency services be performed by the Native American Advancement Corp.  
(Name of agency)
- I have completed the application and provided information requested to the agency for purposes of determining eligibility and services.
- The Native American Advancement Corp is relying on the information  
(Name of agency)  
provided by me in providing the services.
- The information by me is true, accurate and complete.
- Should the information not be true, accurate or complete resulting in my household being determined to be ineligible for assistance under the Weatherization Assistance Program, I will be held responsible for any and all costs incurred by the Native American Advancement Corp in performing the emergency services.  
(Name of agency)

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

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

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