

ST. LAWRENCE COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP DEPARTMENT  
CANTON, NEW YORK 13617

OCCUPANCY STATEMENT

THIS FORM MUST BE COMPLETED BY A NON-RELATIVE AND NOT RESIDING IN THE SAME HOUSEHOLD.

I hereby certify that only the following people live at:

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

List all individuals living in household:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am not a relative of any of the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street/Road/Box #

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date