

ST. LAWRENCE COUNTY
DEPARTMENT OF SOCIAL SERVICES
SNAP 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