



Application Attestation



Beneficiary Name
WA Cares ID Number

Please confirm and sign to start your application.

By signing this application attestation, I acknowledge that I am applying for the WA Cares Fund benefit. I swear, under penalty of perjury under the laws of the State of Washington, that I will give information that is true and correct to the best of my knowledge.

Both the applicant and legal representative must sign unless there is a current representative document on file. If applicant is unable to sign, they may mark with an x.

Applicant's Information

Applicant's Signature	Date	Printed Name
Legal Representative's Signature	Date	Printed Name
Witness Signature (if signed with an X)	Date	Printed Name