**DEBIT CARD SELF-CERTIFICATION**

PROPERTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT:\_\_\_\_\_\_\_\_\_\_

TENANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_I DO NOT HAVE A DEBIT CARD OF ANY KIND.

\_\_\_\_\_\_ I HAVE A DEBIT CARD ATTACHED TO MY BANK, WHICH IS VERIFIED.

\_\_\_\_\_\_ I HAVE A DEBIT CARD FOR FOOD SUPPORT ONLY.

(IF DONE, SIGN AND DATE BELOW)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\_\_\_\_\_\_ I HAVE A DEBIT CARD WHICH I RECEIVE **CASH** PAYMENT ON FOR:

\_\_\_\_\_\_ COUNTY CASH BENEFITS (GA, MFIP, CHILD SUPPORT) CIRCLE ALL THAT APPLY

\_\_\_\_\_\_ SOCIAL SECURITY BENEFITS

\_\_\_\_\_\_ EMPLOYMENT WAGES

(IF **CHECKED** IN THIS SECTION, COMPLETE THE PRE-PAID DEBIT CARD VERIFICATION FORM)

TENANT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_

Updated 6-23