

Iowa Department of Human Services

AFFIDAVIT AS TO FORGED ENDORSEMENT

Claimant's Name		Social Security Number	
Warrant Number	Account Number		Program
Warrant Amount	Issue Date		Case or Invoice Number
Address Where Warrant Was Mailed			

I certify that:

- I am the person named as payee on state of Iowa warrant described above, issued by the Iowa Department of Human Services.
- I never received this warrant in the mail.
- I have examined the photostatic copy of this warrant and the endorsements on it.
- The endorsement of my name as it appears on this warrant was not made by me and is forged.
- I did not authorize the endorsement of my name on the warrant.
- I did not receive any part of the proceeds of this warrant.
- Payment is still due me for the amount on the warrant.

I understand that any willfully false statement or representation I make may subject me to prosecution for a fraudulent practice, as defined in Iowa Code Sections 239B.14 and 714.8(10). I certify under penalty of perjury and pursuant to the laws of the state of Iowa that these statements are true and correct.

Signature of Payee			
Current Address	City	State	Zip Code

*Please sign the name and address as it appears on the warrant in **ink** (not felt-tip pen or pencil).*

Signature
Address
Signature
Address

Subscribed and sworn to me on:	Notary	Commission Expires
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