

Iowa Department of Human Services

**NOTARIZED STATEMENT
FOR CHILD SUPPORT RECOVERY OFFICE**

TO: Child Support Recovery Office

ATTN: _____

FROM: _____
(County Office)

Telephone No. () _____

I, _____, an income maintenance worker for the Iowa Department of Human Services, being duly sworn upon oath, state that this is a true and accurate copy of form 470-0462, *Public Assistance Application*, signed and filed by the parties mentioned.

Signature

Subscribed and sworn to me this _____ day of _____, 20 ____

Notary Public