



Massachusetts Department of Transitional Assistance

Self-Declaration Form

- Give this form to DTA
- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
 - By fax: (617) 887-8765
 - In person at your local DTA office.

Name _____ Last 4 of SSN or Agency ID _____

You can verify some information with your own statement if you cannot get a document and we cannot verify the information in other ways.

I state that: _____

I state under penalty of perjury that this information is true and correct.

Signature

Date