

## Appendix B

### Client Attestation of Residency

I, \_\_\_\_\_, swear or affirm that I currently reside in the Columbus Transitional Grant Area, which includes Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties.

I am aware that providing false, incomplete or inaccurate information regarding my residency may result in my inability to receive further assistance from the Ryan White Part A Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date