DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
ALF MODEL FORM

# SWORN STATEMENT OR AFFIRMATION FOR
## APPLICANTS FOR ASSISTED LIVING FACILITY LICENSURE

**To the Applicant:**

**Section 63.2-1721 of the Code of Virginia requires that any applicant for licensure as an assisted living facility provide the Commissioner's representative with a sworn statement or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth of Virginia, and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia.**

**Any person making a materially false statement on this form shall be guilty of a Class 1 misdemeanor.**

**Further dissemination of the information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.**

**1. _____**
**Last Name First Middle Maiden Social Security Number**

**_____**
**Street/P.O. Box City State Zip Code**

**2. Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law)?**
**____ yes ___ no**
**If yes, list all and explain. _____**

**_____**

**_____**

**3. Are you the subject of any pending criminal charges within or outside Virginia? ____ yes ____ no**
**If yes, please explain. _____**

**_____**

**_____**

**4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?**
**____ yes ____ no If yes, please explain. _____**

**_____**

**_____**

**5. I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.**

**Applicant's Signature _____ Date: _____**