



**STATEMENT BY PRESENT OR POTENTIAL NYCPD
EMPLOYEE REGARDING PUBLIC ASSISTANCE**

PD 407-0614 (02-09)

APD-26

Exam No. _____ List No. _____

Candidate's Name _____

I hereby acknowledge that I am aware that the receiving of Public Assistance while gainfully employed, without the knowledge of the Department of Social Services, is a violation of law subject to criminal prosecution, and disciplinary action by the Police Department.

Therefore, I knowingly certify that with respect to myself and any person for whom I am legally or morally responsible, Public Assistance:

is now being received

is **not** now being received

was previously received

was **not** previously received

Where affirmative answers are given to the above, the following information shall be furnished:

1. The office from which benefits are or have been received:

2. Approximate benefit period: From _____ To _____

3. Department of Social Services Number: _____

I further acknowledge that I have been instructed that if Public Assistance is presently being received by me or by any other person for whom I am legally or morally responsible, or is received after this date, I am required to obtain from the Department of Social Services written proof of my notification to that agency of my current employment by the NYC Police Department (if applicable), or my employment by the NYC Police Department immediately after such employment.

Signature: _____

Name Printed: _____

Employed as/Candidate for: _____

Today's Date: _____

ABOVE STATEMENT WITNESSED BY:

Rank/Title

Signature