

Family Composition, Address and Public Assistance Verification

Name of Family Members	Social Security #	Age	Relationship to Applicant	Street Address
			Self	

Verification of Public Assistance:

Does the applicant receive or is a part of a family that receives Public Assistance (or has received SNAP, SSI, TANF in the last 6 months)? [] Yes [] No
 Documentation attached [] Yes [] No

Please read before signing

Note: Falsification of data on this form is a crime against federal and state laws. Falsification of or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while enrolled in WIOA programs.

 Signature of Applicant Date

 Case Manager Signature Date