



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD
Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

FAMILY SIZE VERIFICATION

Applicant Name: _____ Date: _____

Physical Address: _____

In cases in which the recommended sources of family size documentation are unavailable, or the attainment of such documentation would place undue hardship on the participant, this Self-Attestation of Family Size form may be used.

The purpose of this form is to verify a WIOA participant's family status at the time of application. This entails documenting the size and makeup of the applicant's family.

List the names and relationships of all family members living in the household.

<u>Name</u>	<u>Relationship</u>
_____	<i>Applicant</i>
_____	_____
_____	_____
_____	_____
_____	_____

Total number in family: _____

(If there are any additional family members living in the household not listed on this side, please list them on the back of this form).

I attest that to the best of my knowledge the information above is true and correct.

Applicant's Signature

Date

WIOA Staff Signature

Date