

**Workforce Innovation and Opportunity Act
Statement of Family Size/Family Income Form**

IDENTIFYING INFORMATION

Applicant's Name: _____
Last First MI

Address: _____

Social Security Number: _____ Application Date: _____

For use in completing this form, the definitions of Family and Family Income can be found on the previous pages.

Please provide information regarding the applicant's family as requested below.

FAMILY MEMBER'S NAME	RELATIONSHIP TO APPLICANT	FAMILY MEMBER INCOME (Last Six Months)
Total Number in Family:		Total Income:

If applicable, please complete the following information for family members not currently residing in the applicant's residence (see instructions on previous pages).

FAMILY MEMBER'S NAME	RELATIONSHIP TO APPLICANT	FAMILY MEMBER INCOME (Last Six Months)

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

Signature of Applicant Date

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

Name _____ Signature _____ Date _____
Street Address _____ City _____ State ____ Zip _____
Telephone Number _____ Relationship to WIOA Applicant _____