Workforce Solutions
2010 Summer Jobs
Self-Certification of Household Members

_____ _____

Applicant's Name (last, first, middle initial) SSN

_____ _____

Applicant's Street Address City

Please list every person living at the applicant's street address shown above. Include the person's full name, relationship to the applicant (self, parent, sibling, aunt, uncle, cousin, friend, etc.) and indicate if the customer receives one of the following benefits and services: TANF, SNAP, WIC, Public Housing or Child Care Financial Aid funded by Workforce Solutions.

Family Member Name(s)	Relationship to Applicant	Benefits or Service

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination of service and/or penalties as specified by law.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent/Guardian for applicants ages 16-17 Date

Reviewed by:

_____ _____

Signature of Workforce Solutions Staff Date