CareerSource HEARTLAND

# Documentation of Family and Household Members

| Full Name | SSN | Age | Relationship to Applicant | Employer(s) in the past 6 months (list) | Income Earned in the last 6 months (y/n) |
|---|---|---|---|---|---|
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |
| | | | | | . |

"Family" means 2 or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- Husband, wife, and dependent children
- Parent or guardian and dependent children
- Husband and wife

I hereby certify, under penalty of perjury, the information listed above is true and accurate.
I understand that this information, if misrepresented or incomplete, may be grounds for program ineligibility and could result in penalties as specified by law.

_____ _____

Printed name of party presenting information
(must be at least 18 years of age)

Relationship to applicant

_____ _____

Signature

Date

_____ _____

Signature of Staff

Date

Revised 2/10/2014