

# WORKFORCE SERVICES

sdjobs.org

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

### FAMILY SIZE

### THIRD PARTY ATTESTATION

**This form must be signed and completed by someone other than the applicant.  
APPLICANTS AND PEOPLE LIVING WITH APPLICANTS ARE NOT ALLOWED TO SELF-ATTEST THEIR FAMILY SIZE.**

I, \_\_\_\_\_,

certify that \_\_\_\_\_ has \_\_\_\_\_ people living with him/her as  
NAME OF APPLICANT (number of people not counting the applicant)

part of his/her family.

Please provide specific information about any individuals living with the applicant and also provide an explanation of how you are in a knowledgeable position to attest to the fact(s) you provided. (Note: Use the back of this form if additional space is needed):

\_\_\_\_\_  
NAME AGE RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
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\_\_\_\_\_  
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NAME AGE RELATIONSHIP TO APPLICANT

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NAME AGE RELATIONSHIP TO APPLICANT

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NAME AGE RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
NAME AGE RELATIONSHIP TO APPLICANT

### Explanation of how you are knowledgeable of the applicant's family size?

Attesting Individual's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*The signature above cannot be of the SCSEP applicant or an individual living with them.*