SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

WORKFORCE SERVICES
sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
SELF ATTESTATION

ATTESTATION FOR ZERO INCOME

I,__________________________________________, certify that I have received no income (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children) for the past (choose one):

☐ Six Months
☐ Twelve Months

I have supported myself during this period of time as follows: ____________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

ATTESTATION OF INCOME PROVIDED

If you indicated above that you have received no income for the past twelve months, skip this section. If you indicated above that you received no income for the past six months, please clarify below what income you received in the last 12 months.

I,__________________________________________, certify that I have provided all proof of my income (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children) for the past (choose one):

☐ Six Months
☐ 12 Months

Place an “X” next to the income source you are receiving:

<table>
<thead>
<tr>
<th>Social Security Benefits</th>
<th>Survivor Benefits</th>
<th>Pension or Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>Dividends</td>
<td>Rents, Royalties, Estates, Trusts</td>
</tr>
<tr>
<td>Social Security Disability Insurance</td>
<td>Supplemental Security Income</td>
<td>Veteran’s Payments</td>
</tr>
<tr>
<td>Public Assistance, Training Income</td>
<td>Workers’ Compensation</td>
<td>Tax Refunds</td>
</tr>
<tr>
<td>All Forms of Child Support</td>
<td>Disability Benefits</td>
<td>Educational Assistance</td>
</tr>
<tr>
<td>Re-employment Benefits (UI)</td>
<td>Interest Income</td>
<td>Alimony</td>
</tr>
<tr>
<td>Financial Assistance from Outside Household</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you provided proof of income to the Employment Specialist?  Yes______  *No______

*If not, you will need to provide a copy of income before eligibility can be determined.

For this portion of the attestation, place an “X” next to any statement that reflects your current situation.

**Homeless/At-risk of Homelessness**

☐ I am homeless because I lack a fixed, regular, adequate nighttime residence. (This includes sharing housing of other persons due to loss of housing or economic hardship; living in a motel, hotel, or campground; or living in an emergency or transitional shelter.) My primary nighttime residence is a public or private place not designed for regular sleeping accommodations.

☐ I am at risk for homelessness. I’m not currently homeless, but I’m lacking the resources and support network to obtain housing, meaning (check applicable statement):
  ☐ My rent mortgage and/or real estate taxes is overdue/unpaid.
  ☐ I borrow money to pay the rent/mortgage.
  ☐ I frequently have unpaid or overdue electric, gas, or water bills.
  ☐ My credit history or background disqualifies me from most rental/lease agreements.
  ☐ I am temporarily sharing a space with a family member or friend.
  ☐ I have involuntarily moved several times in the last year.

**Low Employment Prospects**

☐ I lack a substantial employment history.

☐ I lack literacy skills (supporting documentation required).

☐ I lack a high school diploma or equivalent.

☐ I am residing in a social and economically isolated rural or urban area where employment opportunities are limited.

**Veteran**

☐ I served in the active _______________ (Name of Branch or Military) and was discharged or released from such service under conditions (excluding dishonorable) on _____/_____/_____

☐ I was on full-time duty in the National Guard or a Reserve component, other than fulfilling duty for training purposes, and was released from such duty without an honorable discharge

☐ I am a spouse of a veteran who served and was discharged from active duty under conditions (excluding dishonorable) on _____/_____/_____

☐ I am a spouse of any veteran who has died from a service-related disability, as evaluated by Department of Veteran Affairs

☐ I am a spouse of any veteran who died while a disability was in existence

Participant Signature ________________________________ Date: ___/____/_____