

WORKFORCE SERVICES

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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:

_____ Social Security Benefits	_____ Survivor Benefits	_____ Pension or Retirement
_____ Income	_____ Dividends	_____ Rents, Royalties, Estates, Trusts
_____ Social Security Disability Insurance	_____ Supplemental Security Income	_____ Veteran's Payments
_____ Public Assistance, Training Income	_____ Workers' Compensation	_____ Tax Refunds
_____ All Forms of Child Support	_____ Disability Benefits	_____ Educational Assistance
_____ Re-employment Benefits (UI)	_____ Interest Income	_____ Alimony
_____ Financial Assistance from Outside Household		

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: ____/____/____