



SCSEP Family Size Statement Form

[Participant self-attestation of family size is not allowed]

The purpose of this document is to assist the SCSEP applicant/participant with officially documenting family size when no other documentation is available.

I (_____) swear and affirm that _____
(Witness name) (Applicant/participant name)

is a member of a family of _____.

I have no monetary interest in the determination of _____'s family size; further
(Applicant/participant name)

_____ is not a member of my immediate family.
(Applicant/participant name)

My relationship to the applicant/participant is: Landlord Apt. Manager Clergy Case/Social Worker
 Neighbor Other, please specify: _____

Witness Signature: _____ Date: _____

Witness Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

For Project Staff Use Only:

Signature of Project Staff

Date Received by Project