

WIA Household Circumstances Form

Applicant Name: _____ Social Security Number _____ - _____ - _____
Address: _____

I hereby certify under penalty of perjury that the following information is true:

A. I have a disability that is a substantial barrier to employment and have verifying documentation from a doctor, other professional, school or other agency.

- OR -

B. My living situation is described below.

1. I live at the address listed above with the following people.

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

2. These are my monthly expenses.

Rent: _____	Food: _____
Clothing: _____	Utilities (including phone): _____
Transportation: _____	Other expense: _____

3. I support myself using the following resources.

- Income from work *Family Income Worksheet: Part II must be completed*
- Public assistance (list all types) _____
- Room and board from another person (list name and relationship) _____
- Cash assistance from another person (list name and relationship) _____
- Other: _____

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties specified by law.

_____ Applicant Signature	_____ Telephone Number	_____ Date
_____ Signature of Person Providing Support	_____ Telephone Number	_____ Date
_____ Parent/Guardian Signature (if applicant is under 18)	_____ Telephone Number	_____ Date