



# CWI WORKS

POWERING OPPORTUNITY  
FOR OLDER ADULTS

## SCSEP Family Size Statement Form

The purpose of this document is to assist the SCSEP applicant/job seeker with officially documenting Family Size when no other documentation is available.

I, ( \_\_\_\_\_ ) swear and affirm that \_\_\_\_\_  
(Witness name) (Applicant/SCSEP job seeker name)

has a total of \_\_\_\_\_ people living together as part of a family, including the applicant/job seeker.  
(number)

I have no monetary interest in the determination of \_\_\_\_\_'s family size; further  
(Applicant/Job seeker name)

\_\_\_\_\_ is not a member of my immediate family.  
(Applicant/job seeker name)

My relationship to the applicant/job seeker is:  Landlord  Apt. Manager  Clergy  Case/Social Worker  
 Neighbor  Other, please specify: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SCSEP Family Size Statement Form

### For Project Staff Use

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date received