

SCSEP Family Size Statement
(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 _____
(Name of Witness) *(Name of Applicant/Participant)*

is a member of a family of _____. *(Number in family size)*

Witness Statement

I have no monetary interest in the determination of _____'s family size;
(Name of Applicant/Participant)

further _____ is not a member of my immediate family.
(Name of Applicant/Participant)

Relationship to the applicant/participant is:

- Landlord Apartment Manager Clergy Case/Social Worker Neighbor
 Other, please specify: _____

Witness Information

Signature of Witness: _____ Date: _____

Name of Witness: _____ Phone: _____

Address: Street _____

City _____ State _____ Zip Code _____

FOR PROJECT STAFF USE ONLY

SIGNATURE OF PROJECT STAFF

DATE RECEIVED BY PROJECT
