



## 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 \_\_\_\_\_ (see SSAI Policy and Procedure Manual Section 204-B, for more information  
(insert # in family size)

on the definition of family size).

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