



Workforce Innovation and Opportunity Act (WIOA)

VERIFICATION OF HOUSEHOLD SIZE

The term "family" means two or more persons related by blood, marriage, or Decree of Court, who are living in a single residence, and included in on or more of the following categories:

- a.) Husband, Wife and Dependent Children
b.) A Parent or Guardian and Dependent Children
c.) A Husband and Wife

Applicant Name: _____ Social Security Number: _____

Address: _____
Street City State ZIP

Table with 4 columns: Name of Family Member, Age, Relationship, Social Security Number. Rows 1-9.

CERTIFICATION STATEMENT:

Disclosure of your social security number and that of your family household is voluntary. It is requested however, pursuant to section 119.071(5)(a). Florida Statutes for the administration of WIOA programs, and will be used in assessing and reporting program performance and accountability to the federal government.

Applicant/Head-of-Household Signature

Date