

FAMILY COMPOSITION AND ADDRESS VERIFICATION
 Northwest Georgia Regional Commission
 Eligibility – Workforce Innovation and Opportunity Act (WIOA)

Name(s) of Family Members	Relationship to Applicant	Age	SSN	Physical Address
1.	SELF			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

 Signature of Applicant

 Date

 Signature of Parent/Guardian (if under the age of 18)

 Date

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY SOMEONE OUTSIDE THE HOUSEHOLD:

I certify that _____'s family consists of those person(s) listed above.
 (Applicant's Name)

 Signature of Individual Verifying the Above Information

 Relationship to Applicant

 Address

 Telephone

 Date

NOTE: Falsification of data on this form is a crime against federal and state laws. Falsification of or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in a Georgia job training program.

FOR OFFICE USE ONLY

Total Family Members _____

Interviewer's Signature _____

Date _____