WORKFORCE DEVELOPMENT TRAINING SCHOLARSHIP PROGRAM (WDTSP)

CERTIFICATION OF HOUSEHOLD SIZE

I, _____ certify that the individuals listed
(Full Name of Applicant)
on this form constitute my household and currently reside in my home on a full-time basis. There is a total of _____ in my household. To the best of my knowledge, the
(Insert Number)
information provided regarding each household member's name, relationship to me, and date of birth is true, complete, and accurate.

Please certify that you have read the following by initialing each item:

_____I understand that this information is being collected for the purpose of determining eligibility for the **Workforce Development Training Scholarship Program (WDTSP)**, including the calculation of household size and household income in accordance with applicable program requirements, policies, and procedures.

_____I further understand that any false, misleading, or incomplete information may result in the denial, termination, or repayment of assistance received through the WDTSP and may subject me to additional administrative or legal action as permitted by law.

Full Name [First, M.I., Last]	**Relationship to Applicant/Date of Birth**
1. _____	**_____SELF_____ / _____**
2. _____	**_____ / _____**
3. _____	**_____ / _____**
4. _____	**_____ / _____**
5. _____	**_____ / _____**
6. _____	**_____ / _____**
7. _____	**_____ / _____**
8. _____	**_____ / _____**
9. _____	**_____ / _____**
10. _____	**_____ / _____**

I certify under penalty of perjury that the information provided herein is true and correct.

Applicant Signature: _____ **Date:** _____