

FAMILY COMPOSITION AND/OR ADDRESS VERIFICATION FORM

Include only Guardians, Parents, Spouses, Siblings, Children or Dependents of the Applicant.

DO NOT LIST cousins, aunts, uncles, grandparents, etc. UNLESS there is a guardianship or dependent relationship to the applicant.

Names of Dependent Family Members (including Applicant)	Relationship to Applicant	Age
	Applicant	

Please write **PHYSICAL STREET ADDRESS** here:

Address: _____

City: _____ State: _____ Zip: _____

Note: Falsification of Data on this form is a crime against Federal and State laws. Falsification 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 Workforce Innovation & Opportunity Act Program.

 Signature of Applicant

 Date

 Signature of Parent/Guardian (if under 18)

 Date

Address Verification: This section must be completed by someone who DOES NOT LIVE with you.

Your application WILL NOT BE PROCESSED if you skip this section.

I certify that the above applicant's family consists of those persons listed.

Signature of person verifying form _____ Relationship to Applicant: _____

Address: _____ City, State, Zip: _____