

# NEXTGEN PROGRAM SELF-ATTESTATION FORM HEAD OF HOUSEHOLD

<b>Head of Household Name:</b>	<b>Applicant Name:</b>
--------------------------------	------------------------

This form is to be completed by the Head of Household and NextGen Program Applicant. **ONLY** complete this form if more substantial documentation cannot be obtained.

<b>APPLICANT RESIDENCE</b>	<input type="checkbox"/> Applicant does NOT live with me
<b>Head of Household's Relationship to Applicant (check one):</b> <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____	
I _____ (Head of Household), hereby certify that _____ (Applicant), has lived in my household at _____ (Street) _____ (City), Georgia _____ (Zip Code) during the past six (6) months.	

<b>APPLICANT FINANCIAL SUPPORT</b>	
Fill out the appropriate support status that applies to the applicant's living arrangement with you.	<b>Applicant as Family of One/Non-Dependent</b> I certify that during the past six (6) months, I <b>HAVE NOT</b> financially supported the Applicant. I <b>ONLY</b> provide housing for the Applicant. I <b>DO NOT</b> provide daily living needs such as meals, clothing, spending money, etc.  Provide more details: _____
	<b>Applicant Financially Supported by Others</b>
	I certify that during the past six (6) months, I <b>HAVE</b> financially supported the Applicant. I provide <b>ALL</b> daily living needs such as housing, meals, clothing, spending money, etc. <i>(Please provide income documentation. If unable to provide income documentation, the NextGen Program will request your social security number to conduct a UI Wage look up).</i>  Provide more details: _____

<b>CERTIFICATION OF INDEPENDENCE (if applicable) THIS SECTION MUST BE COMPLETED BY THE APPLICANT</b>	
Please check the one that applies to your living situation: <input type="checkbox"/> I am at least 18 years of age and am not a student (neither attending any school nor on a regularly schedule break from school). <input type="checkbox"/> I am at least 18 years of age and am currently a student but my parent or legal guardian did not claim me as a dependent on last year's income tax return (must submit copy of tax return as proof). <input type="checkbox"/> I am 17 years of age or younger and have lived with my parent or legal guardian for less than three (3) of the previous six (6) months, and my parent/guardian did not provide half or more of my support during that time. <input type="checkbox"/> I have a documented disability (must submit copy of disability documentation).	
Have you been employed within the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO (if "Yes", must submit copy of income documentation).	

<b>SIGNATURES MUST BE COMPLETED BY THE HEAD OF HOUSEHOLD &amp; NEXTGEN PROGRAM APPLICANT</b>			
<b>Head of Household</b> I certify that the information stated above is true and accurate to the best of my knowledge. I agree and understand that any willful misstatements of facts may cause the Applicant if enrolled, to be immediately removed from the NextGen Program and to have to repay any funds received.  <div style="border: 1px solid red; height: 20px; width: 100%;"></div>	<b>NextGen Program Applicant</b> I certify that the information stated above regarding my living situation is true and accurate to the best of my knowledge. I agree and understand that any willful misstatements of facts may cause me, if I am enrolled, to be immediately removed from the NextGen Program and to have to repay any funds received.  <div style="border: 1px solid red; height: 20px; width: 100%;"></div>		
Signature of Head of Household _____ <div style="text-align: right;">Date _____</div>	Signature of Applicant _____ <div style="text-align: right;">Date _____</div>		