

## MISSISSIPPI PARTNERSHIP INCOME ATTESTATION FORM

Name: \_\_\_\_\_

### Attestation of Income

This is to certify that \_\_\_\_\_:

- a. total family income for the prior six months is \$ \_\_\_\_\_ (odd jobs no record)
- b. and his/her family does not receive UI, Social Security Disability, SSI, TANF, or Food Stamps, AND
- c. is not homeless or a foster child.

In order to live, \_\_\_\_\_ has received:

☐ income from \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to pay my bills.

OR

☐ food and shelter from \_\_\_\_\_.

### Required Signature

I certify that I have provided the above indicated assistance to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Assisting With Living Expenses

\_\_\_\_\_  
Date

The Workforce Innovation and Opportunity Act is designed to provide you with the skills and resources to enhance your long term employment. You will be provided follow-up services. You may be contacted several times to monitor your training and/or employment status.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date