



ECEAP Family Size Verification Form

I, the undersigned, declare the following information is true regarding the persons in my household and their relationships to me. I currently possess no other means of documenting my family size.

Applying Child's name: _____

Family Size that is supported by the parent/guardian income: _____

Person in household

| Name | Relationship to parent/guardian |
|------|---------------------------------|
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Parent or Guardian Signature

Date

Staff Signature

Date