



**American Indian Center of Arkansas**

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**AICA - SCSEP  
FAMILY SIZE CERTIFICATION  
Third-Party Attestation Form - Number in Family**

On this date, I attest that \_\_\_\_\_ (Name of Applicant) has  
\_\_\_\_\_ people living with him/her as part of his/her family.

List names, ages and relationships of family members (Note: Use the back of this form if additional space is needed):

NAME	AGE	RELATIONSHIP

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the fact(s) cited above is required. (Note: Use the back of this form if additional space is needed):

\_\_\_\_\_  
(Name of Attesting Individual)

\_\_\_\_\_  
(Relationship of Attesting Individual to Applicant)

\_\_\_\_\_  
(Address and Phone Number)

\_\_\_\_\_  
(Signature of Attesting Individual - Type name as signature) (Date)