



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA TRAINING FINANCIAL SUPPORT STATEMENT

Name _____ Last 4 Digits of Social Security Number _____

Office Number _____ Petition Number _____

Should my TRA benefits exhaust prior to the completion of TAA approved training, my means of financial support to complete training will be personal or family resources through any of the following sources:

Please check all that apply.

- Financial Aid
- Grants
- Full-Time or Part-Time Employment
- Relatives
- Spouse
- Disability Funds
- Supplemental Security Income (SSI)
- Investments
- Real Estate Properties
- Pension
- 401K
- Savings
- Student Loans

Worker's Signature _____

Date _____

TAA Representative's Name _____

TAA Representative's Signature _____

Date _____