

HOUSEHOLD COMPOSITION FORM

Case Number _____

Date _____

Case Name _____

Dear _____ :

Since it is necessary to verify the identity of each member of your assistance group, please ask a friend or neighbor to complete this form with the information requested below. The person who completes this form must **not** be a relative and **cannot** live with you. When this form is completed and signed below, return it to your caseworker.

Your prompt attention to this matter is important to your receipt of public assistance benefits.

Sincerely,

List ALL adults and children (whether or not they are applying for assistance) **who live in the same house or apartment as the person named on Line 1.** Please include their ages and relationship to that person.

	NAME	RELATIONSHIP	AGE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

The above persons live at this address:

The above information is correct. I am not related to anyone listed above.

Signature of Friend or Neighbor

Address

Date

Phone Number