

Someone Has Left the Household

Program Requirements:

- Notify Home Forward within 10 working days if any family member leaves the household or will be away for 30 days or more.
- *Note: Adult family members who are permanently removed may not return to the household unless:*
 - *In a spousal-type relationship with the head of household, or*
 - *To provide live-in care for another family member who is elderly or has disabilities.*

Instructions:

- Information or verification received after the 15th of the month will be processed the following month.

Head of Household Name:

Last 4 digits of SSN:

Address:

Phone:

Email Address:

Name of Household Member who left:

Date they left:

- Incarcerated:** In jail, or expected to be in jail, for 30 days or more.
- Permanently Absent:** Away, or expected to be away, for 180 days or more.

New Address:

Phone:

- Temporarily Absent:** Away, or expected to be away, for less than 180 days.
Income for Family Members who are temporarily absent will not be removed from household income.

Date of return:

Verification of return date attached? Yes No

Please list all remaining household members.

	Full Name	Date of Birth	Relationship to Head of Household
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If there are more than eight (8) household members, please see other side

Participant Certification

I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Remaining Household Members, continued			
	Full Name	Date of Birth	Relationship to Head of Household
9.			
10.			
11.			
12.			
13.			
14.			
15.			