



## SHELTER PLUS CARE REMOVING A HOUSEHOLD MEMBER— REPORT

Sponsor Agency:	Grant:
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**Please list all family members that have recently left the household. Use back side if necessary.**

Full Name:	Social Security Number:
Full Name:	Social Security Number:

**When did the family member move out? (Date)** \_\_\_\_\_

**Where did they move to?** \_\_\_\_\_  
**Street Address**

\_\_\_\_\_

**City** **State** **Zip**

**Will they be gone:**  
 Temporarily or  Permanently?

**Are they currently incarcerated (in jail)?**  Yes  No

**If yes, for what?** \_\_\_\_\_

**If temporarily absent when will they return?** \_\_\_\_\_

**Please list all members who currently live in the household. Use back side if necessary.**

Full Name:	Social Security Number:
Full Name:	Social Security Number:
Full Name:	Social Security Number:
Full Name:	Social Security Number:
Full Name:	Social Security Number:

<b>Present Address:</b>		
City:	Zip:	Email/Phone:

If no income changes have resulted from the change in household members, you do not need to complete the additional information. Please still sign at the end of the form.

**Income** Please list any **income or cash benefits for all household members** in the last 30 days. If none, please write zero.

Income Type	Monthly Amount	Who?	Income Type	Monthly Amount	Who?
Alimony or Spousal Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Self-Employment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Child Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Retirement income from Social Security	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Employment or Earned Income (P/T, F/T, temp, seasonal, temporary, etc)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
General Assistance (GA)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Social Security Income (SSI)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	TANF	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Private Disability Insurance	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Unemployment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Student Financial Aid	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Veteran's Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Other (Specify):	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Worker's Compensation	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:

Does anyone receive any regular contributions or gifts from anyone? This would include another person regularly paying a bill of theirs (i.e. phone, cable, loan, etc.) If yes, please give specific details:

What is the TOTAL combined monthly income of this household?

\$
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Is anyone in your household subject to a Lifetime Registration requirement under any state's Sex Offender Registration program?  Yes  No

If yes, please list: \_\_\_\_\_

**Participant Certification**

I/we do hereby swear and attest that all of the information reported on this form about my 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