



CASE IDENTIFICATION					
СО	RECORD NUMBER	CAT	CSLD	DIST	
RECO	DATE				

HOUSEHOLD COMPOSITION VERIFICATION STATEMENT

Dear [RECIPIENT]:

To help establish eligibility for assistance, please have this form completed by **someone who knows about your household, such as**:

Your landlord

· Your neighbor

Clergy

School official

If possible, this person should not reside in your household and should not be related to you.

This is to verify that only the following person(s) live at:

[ADDRESS OF HOUSEHOLD]

NAMES OF HOUSEHOLD MEMBER	RS	
Print Name of Person Completing Form	Signature	Date
	J	
		Telephone Number