

CAO NAME AND ADDRESS



CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				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 MEMBERS	

Print Name of Person Completing Form	Signature	Date
Address		
Telephone Number		