

县救助办事处名称和地址



案件标识				
县	记录编号	分类	CSLD	分配
记录名称				日期

家庭构成核实证明

尊敬的 [RECIPIENT]:

为了帮助确定是否有资格获得资助，请由了解您家庭的人员填写此表，例如：

- 您的房东
- 您的邻居
- 神职人员
- 学校教职工

如果可能的话，此人不应该住在您家中，且不应该与您有血缘关系。

兹证明，仅下列人员居住于：

[ADDRESS OF HOUSEHOLD]

家庭成员姓名	

填表人姓名（正楷）	签名	日期
地址		
电话号码		

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		