

## Verification of Household Composition

Agency Name: \_\_\_\_\_ Worker ID/Name: \_\_\_\_\_

Case Name: \_\_\_\_\_ Income Support No.: \_\_\_\_\_ Date: \_\_\_\_\_

*Work First requires the verification of household composition as a condition of eligibility. It is necessary to identify all members of the household. Please have a friend, neighbor, etc. to complete this form. ONLY a person not living in your household or unrelated to you may complete and sign this form.*

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To the best of my knowledge, (Applicant/Recipient name), \_\_\_\_\_ lives at

(Address) \_\_\_\_\_.

The following is a complete list of all Adults and children who live at that address. (For additional household members, please list the information on the back of this form.)

Name of Household Member	Relationship to Person Named Above
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*The above information is true and correct to the best of my knowledge. I understand that if I give false information on purpose, I may be subject to prosecution for fraud.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant/Recipient: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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