**AGENCY NAME**
**PROGRAM NAME**
**Household Members Verification**

The PROGRAM is limited to one participant per household. A household is defined as all members of a nuclear family living together (spouse – legal or common law and unmarried children of any age). In addition, unless there has been a legal separation or divorce, a spouse in the United States is always considered a member of the household. When determining income levels we will also take into account the incomes of each adult member of the household. Please review the attached information provided by the applicant named below to determine whether **all** household members (based on the definition above) have actually been listed. If the information is correct, please sign the verification at the bottom of this page and return it to the applicant for submission to the program coordinator. If the information is not correct, you may help the applicant correct the information if you choose to do so, and submit a revised list of household members directly to the PROGRAM Coordinator. Thank you for your cooperation in this effort.

## Household Members:

| Name (First, Last) | "A" Number | Relationship to Applicant | Birthdate | Employed |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |

**Verification:**
The information provided above is true and accurate according to my knowledge of the applicant and his/her family. I understand that the information above will be used to determine eligibility for a federal assistance program and that verification of incorrect information may result in prosecution for participating in fraud against the United States government.

Signed _____ Date _____

Position: _____ Organization: _____

To the applicant: In order to participate in the PROGRAM you must complete the attached form and have the information verified by an official of an organization familiar with you and your family. If you do not know who can sign this form, please talk with the PROGRAM coordinator who can help you decide who would be appropriate.