

Case Name: \_\_\_\_\_

Review Number: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

**\*\*IMPORTANT INSTRUCTIONS\*\***

Please ask someone you know to complete this statement. It can be a friend, neighbor, teacher, minister, or any other person who knows you well. The form must be completed by **SOMEONE NOT LIVING IN THE HOME AND SOMEONE WHO CAN BE REACHED BY PHONE**.

I certify that in the month(s) of:

The following persons lived at

List all adults and children. Show their relationship to:

NAME		RELATIONSHIP	NAME		RELATIONSHIP
1.			9.		
2.			10.		
3.			11.		
4.			12.		
5.			13.		
6.			14.		
7.					

If anyone moved in or out of the home during the months mentioned above, please state who moved and on what date:

\_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Must be signed by someone not living in the home\*\***

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

- Relationship to Client:**
- Landlord
  - Friend
  - Neighbor
  - Teacher
  - Other (please specify) \_\_\_\_\_

**COUNTY USE ONLY**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_