

## Someone Has Left the Household

**Program Requirements:**

- Notify Home Forward within 10 working days if any family member leaves the household or will be away for 30 days or more.
- *Note: Adult family members who are permanently removed may not return to the household unless:*
  - *In a spousal-type relationship with the head of household, or*
  - *To provide live-in care for another family member who is elderly or has disabilities.*

**Instructions:**

- Information or verification received after the 15<sup>th</sup> of the month will be processed the following month.

**Head of Household Name:**

**Last 4 digits of SSN:**

**Address:**

**Phone:**

**Email Address:**

**Name of Household Member who left:**

**Date they left:**

**Incarcerated:** In jail, or expected to be in jail, for 30 days or more.

**Permanently Absent:** Away, or expected to be away, for 180 days or more.

**New Address:**

**Phone:**

**Temporarily Absent:** Away, or expected to be away, for less than 180 days.

*Income for Family Members who are temporarily absent will not be removed from household income.*

**Date of return:**

**Verification of return date attached?**  Yes  No

**Please list all remaining household members.**

	Full Name	Date of Birth	Relationship to Head of Household
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**If there are more than eight (8) household members, please see other side**

**Participant Certification**

*I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.*

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**Signature of Head of Household**

**Date**

**Signature of Other Adult**

**Date**

**Signature of Other Adult**

**Date**

**Signature of Other Adult**

**Date**

**Signature of Other Adult**

**Date**

<b>Remaining Household Members, continued</b>			
	<b>Full Name</b>	<b>Date of Birth</b>	<b>Relationship to Head of Household</b>
9.			
10.			
11.			
12.			
13.			
14.			
15.			