ihcda
Indiana Housing & Community Development Authority

Declaration of Absent Household Members

Application Key: _____

I, _____ *(name)*, being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form.

APPLICATION ADDRESS:

_____
Address

_____ IN _____
City State Zip Code

Household Size _____

The below individuals no longer reside in the household:

Name	**Where is the individual?**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this misrepresentation or omission.**

Signature: _____ Date: ____/____/_____

Telephone Number: (_____) _____ - _____

(IHCDA may follow-up while your request for assistance is being processed or after your application has been processed.)