

Application Key: _____

Declaration of Absent Household Members

l,		(name),
being of sound mind and at least 18 years of the facts described in this form.	of age, affirm t	hat I have personal knowledge
APPLICATION ADDRESS:		
Address		
City	<u>IN</u> State	Zip Code
Household Size		
The below individuals no longer reside i	n the househ	old:
Name		Where is the individual?
I certify under the penalties for perjury and true and accurate and acknowledge that failure to disclose information requeste IHCDA-administered assistance program my assistance and/or repayment of the misrepresentation or omission.	any misrepro d may disqua ns and may b	esentation of information or alify me from participation in be grounds for termination of
Signature:		Date://
Telephone Number: ()		
(IHCDA may follow-up while your reques your application h		

Revised 2022.08.12