RESET FIELDS

CAO NAME AND ADDRESS

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

HOUSEHOLD COMPOSITION VERIFICATION STATEMENT

Dear :

To help establish eligibility for assistance, please have this form completed by **someone who knows about your household, such as**:

- Your landlord
- Your neighbor
- Clergy
- School official

If possible, this person should not reside in your household and should not be related to you.

This is to verify that only the following person(s) live at:

NAMES OF HOUSEHOLD MEMBERS

Print Name of Person Completing Form

Signature

Date

Address

Telephone Number