Declaration of Absent Household Members

I, ____________________________, 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

________________________________________________

City IN 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 IHCDA-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the 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.)

Revised 2022.08.12