

		A	pplication Key:
De	claration	n of Absent Household M	embers
I,being of sound mind and of the facts described in			<i>(name)</i> , at I have personal knowledge
APPLICATION ADDRE	SS:		
Address			
City		<u>IN</u> State	Zip Code
Total Number of Peopl	le living i	in Household:	
The below individuals	no longe	er reside in the househol	d:
Name		When did they move out of the household?	Where is the individual?
true and accurate and failure to disclose info IHCDA-administered a	acknowle ormation ssistanc repaym	edge that any misrepres requested may disquali e programs and may be ent of the assistance th	nformation provided above is sentation of information or fy me from participation in grounds for termination of nat I receive based on this
Signature:			Date://
Telephone Number: (	)	-	

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