

Application Key: \_\_\_\_\_

**Declaration of Absent Household Members**

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

\_\_\_\_\_ City IN State \_\_\_\_\_ Zip Code

**Total Number of People living in Household:** \_\_\_\_\_

**The below individuals no longer reside in the household:**

Name	When did they move out of the household?	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.)*