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

_____ IN _____
City 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.)

Revised 2023.06.05