

Residence – Household Verification

Case Name

Case Number

Case Address

Service Agent Staff

Service Agent Staff Phone No.

Due back to Service Agent Staff

Date

TO WHOM IT MAY CONCERN:

RE:

The above-named person stated you are familiar with his/her situation.
PLEASE ANSWER THE QUESTIONS IN THE MARKED [] SECTION(S) TO THE BEST OF YOUR ABILITY.

RESIDENCY

This is to certify that _____ lives at _____
(Recipient's Name) (Address)
_____, _____ in _____, with telephone # _____
(City) (State) (ZIP) (County)

HOUSEHOLD COMPOSITION

UNKNOWN

List all household members.

Are you related to a household member?
[] Yes [] No

Are you the manager/landlord?
[] Yes [] No

I hereby certify that the information contained in this form is true and correct to the best of my knowledge. I understand that if I give false information or withhold information I may be subject to prosecution for fraud.

SIGNATURE OF PERSON PROVIDING INFORMATION _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

