



Section 1 – Resident Information

HOUSEHOLD COMPOSITION FORM

Number of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
Tenant Name				
Street Address			Unit No.	
City	E-mail		Postal Code	
Telephone Number			Business Telephone Number	

You must list **ALL HOUSEHOLD MEMBERS**, including all children. Please indicate if Visitation only.

Name of Household Member	Date of Birth YYYY-MM-DD	Sex M/F	Relationship to leaseholder	Lives with you Visitation

If anyone has moved in or out of your household since your last subsidy renewal, please indicate
 In Out No Change

Name of person	Date of move in/out
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Section 2 – Income Information

You are required to report and provide verification for all sources of income you and all persons of your household receive. Income means all money you receive, from all places.

List of all members of the household and any money that you and all persons living with you are receiving from all sources.

Household Member Name	Source of Income or School Attended	Gross Income Per Month (before deductions)	Verification Attached
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Support payments made <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Verification attached? <input type="checkbox"/> Yes
Support payments received/ <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Verification attached? <input type="checkbox"/> Yes

I declare that the information given in the form as to the occupants of the unit is accurate and complete.

Signature – Tenant 1	Date
Signature – Tenant 2	Date
Signature – Tenant 3	Date
Signature – Tenant 4	Date
Signature – Tenant 5	Date

