RESIDENCY& HOUSEHOLD COMPOSITION VERIFICATION

THE FOLLOWING PEOPLE: (List All People Residing In the Dwelling)

Names	Relationship	Visiting Child Y/N
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐
_____	_____	☐

RESIDE AT: (include street address, city, state and zip code)

_____

_____

THE INFORMATION ABOVE MUST BE VERIFIED & CONFIRMED BY PERSONS NOT ON THE APPLICATION OR CASE:
(2 signatures REQUIRED below for PA) (1 signature REQUIRED below for SNAP or Medicaid)

Certification/Verification: I, undersigned, herby certify that the information contained in this Residency/HH comp Verification is true and correct and that the form was completed before being signed

_____ _____

Name –printed Name – printed

_____ _____

Signature Date Signature Date

_____ _____

Phone # (required) Phone # (required)

_____

Applicant/Recipient(s) signature(s) Date

WARNING

PURSUANT TO SECTION 175.35 OF THE PENAL LAW, A PERSON WHO INTENDS TO DEFRAUD THE STATE OR ANY POLITICAL SUBDIVISION THEREOF BY OFFERING OR PRESENTING A WRITTEN INSTRUMENT WHICH HE OR SHE KNOWS CONTAINS A FALSE STATEMENT OR FALSE INFORMATION TO A PUBLIC OFFICE WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME A PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT, IS GUILTY OF A CLASS "E" FELONY CARRYING A POSSIBLE SENTENCE OF 4 YEARS IN PRISON, A $5,000 FINE, OR BOTH.