



AFFIDAVIT CONCERNING HOUSEHOLD SIZE AND INCOME

Applicant Name:

I hereby state the following:

ALL ITEMS MUST BE COMPLETED

In order to determine my income eligibility NHS needs information regarding my family size and members.

The number of family members constituting the household that reside at the property is:

Address:

LIST OF HOUSEHOLD

MEMBERS NAME	AGE	RELATIONSHIP	INCOME (if over age 18)
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Today's Date

Applicant's Signature