

**Charlotte County
Department of Human
Services**



**Household Management
Verification**

Print Client Name: _____ **Birth Date:** _____

The number of people who live in my household is: _____

I am completing this document to declare that I currently pay my monthly household expenses as follows. My financial support comes from (please describe in detail, list household member who is paying the bill and the funding source. Also, note if any bill is unpaid):

Does anyone other than a household member help you pay expenses, such as a friend or family member? If yes, please explain each below:

HOUSING is paid by:

FOOD is paid by:

UTILITIES are paid by:

TRANSPORTATION - gas/car payment/insurance is paid by:

PENALTIES FOR FRAUD

- All household members will be ineligible for any Human Services' programs for a period of two years from the date the fraud was discovered.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

Signature

Date

This document must be completed by every client that has a combined household income of less than 50% of the Federal Poverty Income level.