

Members of Household

File number

Conditions for using this form

This form must be completed only when the *Attestation of Income Statement* form is used.

Information about the head of household


| | | | | |
|-----------|------------|------|------------------------|-----|
| Last name | First name | Year | Date of birth Month | Day |
|-----------|------------|------|------------------------|-----|

Information about the spouse

| | | | | |
|-----------|------------|------|------------------------|-----|
| Last name | First name | Year | Date of birth Month | Day |
|-----------|------------|------|------------------------|-----|

Information about the other members of the household

| | | | | |
|-----------|------------|------|------------------------|-----|
| Last name | First name | Year | Date of birth Month | Day |
| Last name | First name | Year | Date of birth Month | Day |
| Last name | First name | Year | Date of birth Month | Day |
| Last name | First name | Year | Date of birth Month | Day |
| Last name | First name | Year | Date of birth Month | Day |
| Last name | First name | Year | Date of birth Month | Day |

 For any household member aged 18 and up who is enrolled in an educational institution as a full-time student at the time the application for financial assistance is filed, please provide an official document certifying student status.

Declaration of the head of household

I declare that my household consists of the above-mentioned individuals.

| | | | | |
|---------------------|-----------|------|-------|-----|
| Name (Please print) | Signature | Year | Month | Day |
|---------------------|-----------|------|-------|-----|