

INDIANA EMERGENCY RENTAL ASSITANCE

Declaration of Absent Household Member

	Ар	plication Number:		
I,being of sound m of the facts descr	ind and at least 18 year	rs of age, affirm tha	at I have _I	(name), personal knowledge
APPLICATION A	DDRESS:			
Address				
City		_ <u>IN</u> State	Zip Code	
Household Size _	(Adults	s at or over the age	of 18)	
	named below, previous ove, but no longer resid			
NAME (First and Last)	LISTED ON LEASE (Yes or No)	DATE INDIVUDAL LEFT THE HOUSEHOLD		WHERE IS THE INDIVIDUAL
Ex:John R. Smith	Yes	July 1, 202		Moved to Idaho
and accurate to the providing false reprinced in the information of the provided in the provid	perjury, I certify that the ne best of my knowled presentations herein continued in the faction may result in the faceived through the Indiprosecution. The right to follow-up which the process	ge. The undersign onstitutes an act of termination of and iana Emergency R le your request for	ned furth f fraud. the requil ental Ass	er understand(s) that False, misleading, or ed repayment of any istance Program and
Signature:		D	ate:	
Printed Name:		P	hone Nun	nber: (<u>) </u>

IERA Declaration of Absent Household Member

Revised 3/15/21