

MOUNT LAUREL TOWNSHIP HOUSING OFFICE
 SUPPLEMENTAL PAGE FOR ADDITIONAL HOUSEHOLD MEMBERS

Name of Primary Applicant: I. _____

Household Composition: Please list all other household members who will live in the unit.				
NAME	RELATIONSHIP	SEX	DATE OF BIRTH	SOC. SEC. #
2.				
3.				
4.				
5.				
6.				
7.				

Are these household members currently residing with the primary applicant? Yes or No
 (If any of household members are not currently residing with the primary applicant, please submit an affidavit as to where they reside and the reason for the change in residence.)

What is the total family size, including the primary applicant? _____

Is the additional family member, not listed on original application, 18 years of age or older? Yes or No

Is this additional member a new born? Yes or No (If yes, skip the following questions; go to signatures)

Is this family member currently working? Yes or No (If yes, we need proof of income.)

Is this family member currently a full time student? Yes or No

Where did this family member reside for the last 12 months? _____

Where does this family member plan to reside for the next 12 months? _____

How long do you anticipate that this family member will reside with you? _____

(ALL PERSONS WHO ARE 18 YEARS OF AGE OR OLDER INCLUDED ON THIS FORM MUST SIGN BELOW. ALL SIGNATURES MUST BE NOTARIZED BY A NOTARY PUBLIC.)

Signed this _____ day of _____, 20 _____

 Applicant 1

 Applicant 2

Sworn and Subscribed before me

 APPLICANT 3

this _____ day of _____, 20 _____

 Notary Public