

HOUSEHOLD UPDATE FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
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***Purpose of Form:**

☐ Addition to Household
 ☐ Removal from Household
 ☐ Change to Household

*Participant Name	*SAH Apt. #
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Current Enrolled Dependents information

Dependent's Legal Name(s) <u>First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

Dependent to Add/Remove

Dependent's Legal Name(s) <u>First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.

Electronic signatures not accepted

*Signature:

*Date:



