

# HOMEBUYER ASSISTANCE PROGRAM

## HOUSEHOLD MEMBER COMPOSITION ADJUSTMENT (FORM L)



Program:		HAP #:			
Applicant Name:		Co-Applicant Name:			
Current Address	City	State	Zip Code		

### SECTION 1: INSTRUCTIONS

You have applied for the homebuyer assistance program that is governed by the City of Houston Housing & Community Development Department. This Program requires us to certify all members of the household. I hereby declare the following changes within my household; therefore, this person or persons should (or should not) be included in my household number.

### SECTION 2: HOUSEHOLD COMPOSITION CHANGES

Household Member Names	Relationship to Head of Household	Gender	Date of Birth	Marital Status	Disability? (Y/N)	Veteran? (Y/N)	Adding (+) or Removing (-)

**Warning:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

_____ Applicant Signature	_____ Date	_____ Co- Applicant Signature (If Applicable)	_____ Date
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