SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP)





HOUSEHOLD MEMBER COMPOSITION ADJUSTMENT (FORM L)

Program							Application #					
Applicant Name:					Co-Applicant	Name:						
Is this form being completed for a listed household member:					Yes	No	If YES,	list HH Name:				
Home Address				City			State		Zip Code			
			SE	СТІС	ON 1: INSTR	UCTIO	NS					
Development De	epartm	ne homebuyer as ent. This Program sehold; therefore,	n requires	us t	o certify all m	nember:	s of the	e household.	I hereby	declare	the follow	ving
		SECTIO	N 2: HO	USE	HOLD CON	1POSIT	TION C	CHANGES				
		Relationship to Head of Household	Gender		Date of Birth	Marital Status		Disability? (Y/N)		Veteran? (Y/N)		·) or g (-)
Warning: Any per under 18 U.S.C. 28 true and accurate herein constitute in this program o person is guilty o States Governme	37, 1001 e to the s an ac r any o f a FEL	and 31 U.S.C. 372 be best of my/our k t of fraud. False, ther programs th	9. Under nowledg misleadir at will ac	pena e an ng or cept	alties of perju d belief. I/We incomplete this docume	iry, I/we furthe informa ent. Title	certify r under ation m e 18, Se	that the information that play result in rection 1001 of	ormation roviding my inelig the U.S.	presei false re ibility t Code s	nted above epresenta o participa tates that	e is tions ate a
Applicant Signature			Date			Co- Applicant Signature				Date		