

Separate Household Form

Household Name: _____

Case Number: _____

I, _____, do certify that I
Name of Applicant

maintain a household separate and apart from persons now residing at

Address

Further, I certify that my food and household items are stored and maintained separately.

I do certify that this is a true statement; and understand that if anything in this statement is found to be untrue, services may no longer be provided to me by North Georgia Community Action, Inc.
Agency Name

Applicant Head of Household Signature / *Date*

Validation Statement

The above information is correct regarding the separate household status of

Other Head of Household Signature / *Date*