



Affordable Housing Program Household Composition Sheet

There are _____ (# of people) in my household.

Names

Ages

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following members of my household are the only people that have income.

Date: _____

Signature of Applicant

Date: _____

Signature of Co-Applicant