

**Charlotte County  
Department of Human  
Services**



**Household Management  
Verification**

This document must be completed by the Head of each Household that has a combined gross household income of less than 50% of the monthly Federal Poverty Income Level (FPL) stated below. HH Size/(50% FPL): 1(\$532) 2(\$719) 3(\$905) 4(\$1092) 5(\$1279) 6(\$1465) 7(\$1652) 8(\$1839) 9(\$2025)

Print Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The number of people who live in my household is: \_\_\_\_\_

I am completing this document to declare that I currently pay my monthly household expenses as follows. My financial support comes from (please describe in detail):

**HOUSING is paid by:**  
\_\_\_\_\_  
\_\_\_\_\_

**FOOD is paid by:**  
\_\_\_\_\_  
\_\_\_\_\_

**UTILITIES are paid by:**  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION gas/car payment/insurance paid by:**  
\_\_\_\_\_  
\_\_\_\_\_

**PENALTIES FOR FRAUD**

- All household members will be ineligible for any Human Services' programs for a period of two years from the date the fraud was discovered.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**This document must be completed by every client that has a combined household income of less than 50% of the Federal Poverty Income level.**