

# Walker River Housing Department

## Family Composition Form

Participant Name: \_\_\_\_\_  
 Resident Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone/Contact #: \_\_\_\_\_

**You are required to list all individuals residing in your home for more than 30 days. For all new listed household members, you must provide copy of their social security card and all adults must complete a release of consent form and return to office w/form.**

<u>Name of Persons residing in unit:</u>	<u>Sex</u>	<u>D.OB</u>	<u>Social Security #:</u>	<u>Relation to Head of Household</u>	<u>Annualized Income</u>	<u>Source of Income?</u>	<u>WRPT enrollment #</u>
				SELF			

All information provided by myself is a true and correct representation of facts known to myself. I understand that with my signature, I am indicating that I have represented true and accurate information to WRHD to process and verify as needed.

\_\_\_\_\_  
 Signature Date

**\*\*\*if more space is needed, please use the backside of this form.**

Walker River Housing Department  
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