



## Household Composition Questionnaire

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Room #: \_\_\_\_\_

1. How many adults live in your household? \_\_\_\_\_
2. How many children live in your household? \_\_\_\_\_
3. Please list the names, ages, and relationship of all people living in your household

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*Please submit one month of pay stubs (four if pay is weekly, two if pay is bi-weekly) or documentation for other income, for each parent/guardian in the household.**

Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_