

FAMILY SUMMARY SHEET

List each member who will be residing in the household.

Member#	Last Name	First Name	Relationship	Sex (Optional)	DOB
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**FOR EACH HOUSEHOLD MEMBER LISTED ABOVE A CITIZENSHIP
DECLARATION FROM NEEDS TO BE COMPLETED.**