

**Legally Liable Relatives NH RSA 165:19: The following information is required. Please fill in the chart below.**

	<b>Relation</b>	<b>Deceased y/n</b>	<b>Minor y/n</b>	<b>Legal Name</b>	<b>Mailing Address</b>	<b>Phone #</b>	<b>Employer</b>
<b>Applicant's relation</b>	Mother						
	Father						
	Step-mother						
	Step-father						
	Husband						
	Wife						
	Child						
	Child						
	Child						
	Child						
<b>Co-Applicant's relation</b>	Mother						
	Father						
	Step-mother						
	Step-father						
	Husband						
	Wife						
	Child						
	Child						
	Child						

# Household Composition

<b>Please list all persons living in your household, including yourself.</b>								
Legal Name	Other names used	Relation	Date of Birth	Age	Gender	Social Security Number	Full/part time student	Marital Status
		Self				- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
						- -	FT PT NO	M D S W NM
Key	M	Married						
	D	Divorced						
	S	Separated						
	W	Widowed						
	NM	Never Married						
	FT	Full time						
	PT	Part time						