

## CHANGE REPORT FORM

**INSTRUCTIONS:** You can use this form to report changes. If you cannot mail this form, you can report changes by calling your worker. If the call will be long distance, you may call toll-free by calling 1-888-369-4777.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

You are required to tell us about any of the following changes in your household's circumstances within 10 days of the time you learn of the change:

- Changes in the number of people in your household.
- Changes in the source of earned income or when the amount of earned income being counted goes up or down by more than \$100 per month.

We are currently counting earned income of \$ \_\_\_\_\_  
from \_\_\_\_\_

- Changes in the source of other income or when the amount of other income being counted goes up or down by more than \$50 per month. (Examples of other income: Supplemental Security Income, Social Security benefits, Veterans benefits, retirement benefits, Unemployment Compensation, etc.)

We are currently counting other income of \$ \_\_\_\_\_  
from \_\_\_\_\_

- Increases in your household's resources if the total cash and savings of all household members is now \$2,250 or more.
- If you move, your new address, new utility, and rent or mortgage costs.

\_\_\_\_\_  
Name of Your Worker

\_\_\_\_\_  
Telephone Number

**IF SOMEONE MOVED IN OR OUT:** Has any household member left the household? Are there any new members in your household (including newborn children)? If so, please explain:

**IF INCOME AMOUNT OR ANY SOURCE OF INCOME CHANGED:** Complete this section if your household has income from a new source or if the total earned income received by your household went up or down by more than \$100 a month, or if the total of other income went up or down by more than \$50 per month. In figuring the change, use your household's total monthly income before deductions. Be sure to list the income of new members.

Who Gets the Income	Where Does Income Come From	Total New Amount	How Often Received
1		\$	
2		\$	
3		\$	

**IF YOUR RESOURCES INCREASED:** If the total amount of money that the members of your household have in cash, savings accounts, checking accounts, and in stocks and bonds increased to more than \$2,250, how much does your household now have? \$ \_\_\_\_\_

**IF YOU MOVED:** If you moved, what is your new mailing address?

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_

If you moved, you must also list your new shelter expenses below.

Rent or mortgage payment	Insurance on house & lot (If not included in mortgage)	Property taxes on house & lot (If not included in mortgage)	Utilities (for example, gas, electricity, water)
New amount \$	\$	\$	\$

**REPORTED CHANGES:** Do you expect the changes you have reported to be the same next month?

YES  NO If you answered no, please explain: \_\_\_\_\_

**OTHER CHANGES:** You may list below any other changes that you think may affect your assistance. If you need extra space, continue on a separate sheet of paper.

**YOUR SIGNATURE:** I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra benefits I receive because I have not fully reported changes in my household's circumstances. I certify, under penalty of perjury, that all the answers on this form are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date