

CHANGE REPORT FORM

INSTRUCTIONS: You can use this form to report changes. If you can not 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 unearned income or when the amount of unearned income being counted goes up or down by more than \$50 per month. (Examples of unearned income: Supplemental Security Income, Social Security benefits, Veterans benefits, retirement benefits, Unemployment Compensation, etc..)

We are currently counting unearned income of \$ _____ from _____

- Increases in your household's resources if the total cash and savings of all household members is now \$2,000 or more.
- If you move, your new address, new utility, and rent or mortgage costs.
- If you receive food stamps, you must tell us if you are no longer required to pay child support, or if the amount you are required to pay changes. You must also tell us if the judge orders you to start paying child support.

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 unearned 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 \$2,000, 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.

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| |

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