

CHANGE REPORT FORM

To: _____

Name of Unit	Client Name	Case Number
Address	Worker	
	Telephone	

THE FOLLOWING CHANGES MUST BE REPORTED WITHIN 10 DAYS OF THE DATE THE CHANGE OCCURS. IF THE CHANGE INVOLVES INCOME, THE CHANGE MUST BE REPORTED WITHIN 10 DAYS OF THE DATE THE HOUSEHOLD RECEIVES THE FIRST PAYMENT. SUBMIT VERIFICATION OF ALL REPORTED CHANGES WITH THIS FORM.

- Change of residence. Report your new home and mailing address. If you receive SNAP, you must also report your rent, utilities and other shelter costs.
- Changes in household composition. Report if someone moves in or out of your home.
- Changes in your household’s total resources. Report when cash, savings, etc. exceed the household’s resource limit.
- Changes in the source of unearned income. Report when you start or stop receiving income such as: unemployment benefits, social security, SSI, veteran’s benefits, pensions, disability benefits, etc.
- Changes in unearned income. Report if your household’s unearned income goes up or down by more than \$50. You do not have to report changes in your financial assistance payment.
- Changes in earned income. Report if you start or stop employment, or changes in employment.
- Changes in legal obligation to pay child support (this only applies if you receive SNAP benefits).

If a change is not reported and you get more financial assistance or SNAP benefits than you should have received, you must repay the Department. You may also be disqualified from the Financial and SNAP Programs for 12 months for the first violation, 24 months for the second violation and permanently for the third or subsequent violation. For the Financial Assistance and SNAP Programs, intentional violation may result in fines, imprisonment or both.

1. CHANGE OF RESIDENCE?

New Residence Address (enter on line above)	City	State	Zip Code
New Mailing Address (if different from residence address)	City	State	Zip Code
Date Moved _____	Telephone _____		
Are you sharing shelter costs? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		Total Shelter Cost: \$ _____	Your Share: \$ _____
Name of others living in the house: _____			
Relationship of others to you: _____			
Are you cooking and eating your own meals? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
Rent or Mortgage _____	Water _____		
Taxes _____	Telephone _____		
Electricity _____	Trash/Sewer _____		
Gas _____	Other _____		

2. CHANGES IN HOUSEHOLD COMPOSITION?

Person Who Moved In or Out	Relationship	Birthdate	Social Security No.	Date Moved In	Date Moved Out

3. CHANGE IN HOUSEHOLD'S RESOURCES?

Type of Resource	Owner	Account #	Current Value	Date of Change

4. CHANGE IN SOURCE OR CHANGE OF MORE THAN \$50 IN THE AMOUNT OF UNEARNED INCOME?

Person with New or Increased Income	What Kind of Income? (Soc. Security, Unemployment benefits, etc.)	Date Received	How Often Received

5. ANY CHANGES IN EARNED INCOME?

Employed Person	Gross	Date Paid	How often paid	Employer

6. CHANGES IN LEGAL OBLIGATION TO PAY CHILD SUPPORT?

Person Paying Child Support	Person Cost is For	New Amount	How Often Billed
		\$	
		\$	

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. If needed, I agree to provide more information about changes I have reported. My answers on this form are correct and complete to the best of my knowledge.

I understand that my signature authorizes Federal, State and local officials to contact other persons or organizations to verify the information I've provided. If my benefits change, I will be notified I understand that I can ask for a hearing if I do not agree with the action taken. A hearing official will decide if I am right.

YOUR SIGNATURE

Today's Date

SIGNATURE OF WITNESS (if mark is used)