

FAMILY SUPPORT DIVISION
CHANGE REPORT

USE THIS FORM ONLY TO REPORT CHANGES
RETURN COMPLETED FORM TO YOUR LOCAL COMMUNITY ACTION AGENCY

| | | | |
|------------------|-------|-------------------------|------------|
| APPLICANT NAME | | | Date Stamp |
| ADDRESS (STREET) | | | |
| CITY | STATE | ZIP CODE | |
| DCN | Email | TELEPHONE NUMBER - - | |

A. NEW HOUSEHOLD MEMBERS List income and resources in C, D & E below.

| NAME | RELATIONSHIP | BIRTHDATE | SOCIAL SECURITY | DATE MOVED IN | DISABLED? Y/N |
|------|--------------|-----------|-----------------|---------------|---------------|
| | | | - - | | |
| | | | - - | | |
| | | | - - | | |

SOCIAL SECURITY NUMBERS:

You must provide the Social Security Number (SSN) of all persons applying for or receiving assistance as a condition of eligibility. The SSN will be used to determine eligibility and level of benefits, verify information, prevent duplicate issuances, and to facilitate mass changes in Federal benefits. (FS Act of 1977 & Public Law 97-98).

B. HOUSEHOLD MEMBERS NO LONGER LIVING WITH YOU

| NAME | DATE LEFT | NAME | DATE LEFT |
|------|-----------|------|-----------|
| | | | |
| | | | |
| | | | |

C. SUPPLIER INFORMATION

| | | | |
|--------------------|----------------|-----------------|-----------|
| Primary Supplier | Account Number | Name on Account | Fuel Type |
| Secondary Supplier | Account Number | Name on Account | Fuel Type |

D. CHANGE IN INCOME (ATTACH VERIFICATION)

EARNED INCOME: (Earned income includes wages, salaries and income from self-employment)
UNEARNED INCOME: (Unearned income includes Social Security, Supplemental Security Income-SSI, Veterans benefits, child support, alimony, etc.)

| NAME | SOURCE OF | HOW OFTEN PAID | GROSS MONTHLY PAY |
|------|-----------|----------------|-------------------|
| | | | |
| | | | |
| | | | |

E. RESOURCES (Checking Account, Stocks/Bonds, IRA, Savings, CD's, Annuities, etc.)

| TYPE | NAME ON ACCOUNT | BALANCE |
|------|-----------------|---------|
| | | |
| | | |
| | | |

F. CHILD SUPPORT EXPENSE: List any legally binding child support paid to NON-HOUSEHOLD members (includes current payments, arrearages, and health insurance).

| DEPENDENT'S NAME | AMOUNT PAID | HOW OFTEN PAID |
|------------------|-------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |

G. WILL THE CHANGE(S) BE FOR MORE THAN ONE MONTH? YES NO

IF YOU PURPOSELY HOLD BACK INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD, YOU WILL OWE US THE VALUE OF EXTRA BENEFITS YOU RECEIVE AS A RESULT.

PENALTY WARNING: Any information provided on this form is subject to verification by federal, state, and local officials. If any is inaccurate, you may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information.

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 do not fully report changes in my household. My signature below certifies under the penalty of perjury that all declarations made on this change report are true, accurate, and complete.

| | |
|---------------------|------|
| APPLICANT SIGNATURE | DATE |
|---------------------|------|