

## Change of Income and/or Family Composition

Type of Change: (Check all that apply)

Decrease in Income    Increase in Income    Change in Employment    Family Composition    Other

Name of Head of Household: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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Member with change: \_\_\_\_\_

Reason for change: \_\_\_\_\_

Date of change: \_\_\_\_\_

Amount of change: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#/Fax#: \_\_\_\_\_

Other: Describe Change: \_\_\_\_\_  
 \_\_\_\_\_

.....

Family Composition Change:

| Person(s) to: Add <input type="checkbox"/> Remove <input type="checkbox"/><br>(Please check which applies) | Gender | Relation to HOH | SSN | DOB |
|--|--------|-----------------|-----|-----|
|  |        |                 |     |     |
|  |        |                 |     |     |
|  |        |                 |     |     |
|  |        |                 |     |     |
|  |        |                 |     |     |

If adding member please provide copy of social security card, state issued birth certificate, photo id (18 & older) & income for the last eight pay periods . (List income information above)

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

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