

CHANGE REPORT

NAME (print): _____ SSN: _____

CASE NUMBER: _____ WORKER NAME: _____

PROGRAM(s): SNAP Health Care Coverage Child Care Assistance TANF LIHEAP

**** REMEMBER TO ATTACH THE VERIFICATION FOR EVERY ITEM THAT HAS CHANGED. IF YOU DO NOT PROVIDE VERIFICATION, YOUR CASE MAY CLOSE.****

1. ADDRESS – Please complete this section if you have had a change in address.

NEW ADDRESS	NEW MAILING ADDRESS (IF DIFFERENT)	DATE OF MOVE

2. A. INCOME (EARNED) – Please complete this section if you have had a change in **earned** income.

HOUSEHOLD MEMBER	EMPLOYER	NEW, ENDED OR CHANGED	DATE OF CHANGE	DATE OF FIRST/LAST PAY STUB

Additional info for NEW employment: Rate of pay: _____ Hours per week: _____ Tips anticipated: _____

How often paid: Weekly Bi-weekly Monthly 2x month Other _____

Additional info for ENDED employment: Reason: Quit Fired Laid off Other _____

B. INCOME (UNEARNED) – Please complete this section if you have had a change in **unearned** income.

HOUSEHOLD MEMBER	INCOME SOURCE (EX: UNEMPLOYMENT, CHILD SUPPORT, SOCIAL SECURITY, ETC)	NEW, ENDED OR CHANGED	AMOUNT	HOW OFTEN REC'D

3. HOUSEHOLD MEMBERS - Please complete this section if anyone has moved in or out of the household.

NAME	RELATIONSHIP	DATE MOVED IN	DATE MOVED OUT	DATE OF BIRTH	SSN

4. ASSETS - Please complete this section if anyone has had a change in assets (including new members).

HOUSEHOLD MEMBER	TYPE OF ASSET	OPENED/ CLOSED, BOUGHT /SOLD	AMOUNT OR VALUE	DESCRIPTION (NAME OF BANK OR VEHICLE - MAKE/MODEL/YEAR)	OTHER – EXPLAIN (PROPERTY, LAND, LIFE INSURANCE, ETC.)

