

CHANGE FORM

Date change reported _____ Case Name _____
Name of person reporting change _____
Case Number _____ SSN _____
Worker of Record _____ Unit _____

ADDRESS CHANGE :

| | |
|--|-----------------------------|
| Old Address _____ | Zip _____ |
| Date of Move _____ | New rent/mortgage amt _____ |
| New Address _____ | Zip _____ |
| Phone Number _____ | |
| Do you pay utilities separate from rent? Yes _____ No _____ | |
| Do you pay for Heating or Cooling? Yes _____ No _____ | |
| Do you share the cost of rent/mortgage/utilities? Yes _____ No _____ | With Whom? _____ |
| Does anyone help you pay rent/utilities? Yes _____ No _____ | Who? _____ |
| What amount of rent/mortgage is paid by someone else? _____ | |

Voter registration to be provided

HH MEMBER CHANGE :

List everyone that lives now or previously lived at your residence

| Name | DOB | Relationship | Entered | Left | Eats w/ you? |
|-------|-------|--------------|---------|-------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT CHANGE :

| | |
|--|---|
| Name of employed person : _____ | SSN : _____ |
| Current Employer's Name and Address: _____ | Previous Employer's Name and Address: _____ |
| Hire Date : _____ | Date Last Worked: _____ |
| Rate of Pay : _____ | Date of Last Pay rec'd : _____ |
| Hours Per week : _____ | Gross Amount of Last Pay : _____ |
| Pay Frequency : _____ Pay Date : _____ | Reason for Leaving : _____ |

UNEARNED INCOME CHANGE :

| |
|---|
| Name of Person with Unearned Income Change : _____ |
| Income Source: _____ Income Amount : _____ |
| Date of Change: _____ |
| Income is being: Added _____ Terminated _____ Increased _____ Reduced _____ |

VERIFICATIONS REQUESTED : _____

VERIFICATION DUE DATE : _____

All information provided must be verified. We must have the enclosed forms completed and signed by the above due date. Failure to submit the requested verifications may result in a loss or delay of benefits. This is your receipt that you reported this change. If the information is wrong, or if you have trouble obtaining the requested verifications, contact your Eligibility Specialist.