

# 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 :	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.