



Report of Change Form

- All changes must be reported within 15 calendar days of their occurrence
- Only complete the sections of the form that describe the changes you are reporting
- Attach proof of all changes reported

| Change in Household Composition | | | | | | |
|---|--------------------------|--------------------------|--------------------|------------------------|-----------------------|-----------------------------------|
| Family Member Full Name (Print Clearly) | Add | Delete | Date of Birth | Social Security Number | Date of Change | Relationship to Head of Household |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Explanation of change: | | | | | | |
| | | | | | | |
| | | | | | | |
| Change in Household Income | | | | | | |
| Family Member Name | New Income Amount | Amount of Increase | Amount of Decrease | Type of Income | Income Source Address | Date of Change |
| | | | | | | |
| | | | | | | |
| Explanation of change: | | | | | | |
| | | | | | | |
| | | | | | | |
| Other Changes | | | | | | |
| Type of Change | | | | Date of Change | | |
| | | | | | | |
| | | | | | | |
| Explanation of Change: | | | | | | |
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| | | | | | | |
| Certification: I declare, under penalty of perjury, that the above information is true and complete. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction. | | | | | | |
| Head of Household Name | | | | Date | | |
| Head of Household Signature | | | | Telephone | | |