

## Change of Income and/or Family Composition

Type of Change: Income [ ] Family Composition [ ] (Check all that apply)

Name of Head of Household: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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### **Income Changes:**

Are you reporting an: [ ] Increase or [ ] Decrease in Household Income.

#### **If Reporting A Decrease:**

Income that is decreasing: \_\_\_\_\_

Family member with a decrease: \_\_\_\_\_

Date Income Changed: \_\_\_\_\_

Reason for decrease: \_\_\_\_\_

#### **If Reporting An Increase:**

Source of Income: \_\_\_\_\_

Family Member Receiving: \_\_\_\_\_

Date Income Changed: \_\_\_\_\_

COMPLETE address of source of income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number of source of income: \_\_\_\_\_

Fax number of source of income: \_\_\_\_\_

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### **Family Composition Changes**

| Person to be Added to the Household | Gender | Relation to the Head of Household | SSN | DOB |
|-------------------------------------|--------|-----------------------------------|-----|-----|
| 1.                                  |        |                                   |     |     |
| 2.                                  |        |                                   |     |     |
| 3.                                  |        |                                   |     |     |
| 4.                                  |        |                                   |     |     |
| 5.                                  |        |                                   |     |     |

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

\_\_\_\_\_  
Date