

Change of Income and/or Family Composition

Type of Change: (Check all that apply)

Decrease in Income Increase in Income Change in Employment Family Composition Other

Name of Head of Household: _____ SS #: _____

Address: _____ Phone#: _____

City, State, Zip: _____

Member with change: _____

Reason for change: _____

Date of change: _____

Amount of change: _____

Employer's Name: _____

Address: _____

Phone#/Fax#: _____

Other: Describe Change: _____

.....

Family Composition Change:

Person(s) to: Add[] Remove[] (Please check which applies)	Gender	Relation to HOH	SSN	DOB

If adding member please provide copy of social security card, state issued birth certificate, photo id (18 & older) & income for the last eight pay periods . (List income information above)

Signature of Head of Household

Date

Telephone Number