

Fill out this form completely and submit it with income verification/documentation.

Head of Household: _____

Social Security Number: _____

Address, City, State, Zip: _____

Phone Number: _____

Work Number: _____

Message Number: _____

What Are You Reporting?

Check all that apply

Income Increase <input type="checkbox"/>	Family Member Name	Amount	Frequency	Source of Income
	1.			
	2.			
Income Decrease <input type="checkbox"/>	Family Member Name	Amount	Frequency	Source of Income
	1.			
	2.			
*Benefit Increase <input type="checkbox"/>	Family Member Name	Type of Benefit		Amount Per Month
	1.			\$
	2.			\$
*Benefit Decrease <input type="checkbox"/>	Family Member Name	Type of Benefit		Amount Per Month
	1.			\$
	2.			\$
*Social Security, Unemployment, Child Support, TANF, VA Pension, Family Contribution				
Removing Family Member <input type="checkbox"/>	Name			
	1.			
	2.			
Adding Family Member <input type="checkbox"/>	Name	Is this a live-in aide?	Is person 18 or older	Relationship to HOH
	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Medical Expense	Amount: \$	Paid To:	Frequency:	
<input type="checkbox"/> Childcare Expenses	Amount: \$	Paid To:	Frequency:	
<input type="checkbox"/> Change in Student Status	Name:	<input type="checkbox"/> Current Student <input type="checkbox"/> No longer Student		
	School Name:			

Signature of Head of Household _____

Date _____