



CHANGE REPORT FORM FOR APPLICANTS

Date: _____

Head of Household: _____	SS#: _____
Spouse: _____	SS#: _____
Phone Number: _____	Best time and day to call: _____

Please note: in order to make any changes to your application we must have this form completed with any and all changes in your address, income and/or household members. Failing to provide complete and accurate information constitutes fraud, which would result in termination of your application.

ADDRESS

Old Address	New Address
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

EMPLOYMENT

() JOB STOPPED Who quit/lost job? _____ Old Employer: _____ Employer Address: _____ Employer Phone #: _____ Reason for leaving _____ _____ _____	() JOB STARTED Who started job? _____ Employer: _____ Employer Address: _____ Employer Phone #: _____ Wages: \$ _____ per week/month/year If hourly, hours per week: _____
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COMPLETE OTHER SIDE

OTHER INCOME

I currently receive the following:

Alimony/Child Support Start Date: _____ Amount: \$ _____ per week\month\year

SSA/SSI Start Date: _____ Amount: \$ _____ per week\month\year

ADC Start Date: _____ Amount: \$ _____ per week\month\year

Unemployment Start Date: _____ Amount: \$ _____ per week\month\year

Other _____ Start Date: _____ Amount: \$ _____ per week\month\year

FAMILY COMPOSITION (FAMILY MEMBERS IN HOUSEHOLD)

<input type="checkbox"/> I need to add a member to my household	<input type="checkbox"/> I need to remove a member from my household
Name: _____	Name: _____
DOB: _____ SSN _____	DOB: _____ SSN _____
Place of birth: _____	Where did this person move to? _____
OR	
<input type="checkbox"/> I have no changes to my household composition	

OTHER INFORMATION TO BE REPORTED

I certify that all the information given on this form is accurate and complete to the best of my knowledge or belief. I understand that false statements given to LHA may be punishable under Federal Law.

Signature

Date