

HOUSEHOLD INFORMATION CHANGE FORM



You are required to report ALL changes *in writing* within 14 days of the change

When possible, please provide supporting documentation to verify the change(s) you are reporting!

Head of Household _____ Phone # _____

Present Address _____

Mailing Address _____

Tell us what changed: *(check all that apply)*

- Income Increase
 Income Decrease
 Job Started
 Job Ended
 Changed Employers
 Phone Number
 Address Change
 Child Support Change (Circle one- Increase or Decrease?)
 Household Composition- Adding or Removing a member? (see below)
 Other _____

NOW- LIST ALL CURRENT INCOME IN YOUR HOUSEHOLD (income you DO have):

Name of Family Member	Income Source	Amount of Income
List each family member who receives income from any source	Name of your Employer (or temp agency), Social Security, SSI, Child Support, etc...	If receiving a wage- List <i>Hourly Rate</i> and <i>Hours Worked Per Week</i> or Weekly/biweekly gross earnings. For all other income types, list amount per month (or week)
		\$ _____ per hour, _____ hours/week

For Household Composition Change(s): (circle one) \longrightarrow REMOVING or ADDING

Name of household member(s) being Added or Removed:	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for changes in household member(s): _____

Do you pay out-of-pocket unreimbursed medical expenses each month? _____ If yes, list amount per month \$ _____

Do you pay for a baby-sitter while you work or attend school? _____ If yes, list amount you pay \$ _____ per _____
(wk, 2 wks, month)

Name and Address of Childcare Provider _____

WARNING Section 1001 of Title 18 of the U.S. Code makes it a CRIMINAL OFFENSE to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the information reported in this document is correct and complete to the best of my knowledge.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

Return this completed form to HMHA's office located at 1800 N Blanchard St, Suite 114, Findlay, OH 45840 // Fax #: 419-424-7831 // www.hancockmetro.com

