

# HOUSEHOLD INFORMATION CHANGE FORM



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

*When possible, please provide documentation that verifies 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 on \_\_\_\_\_   
  Job Ended on \_\_\_\_\_  
 Child Support Increase   
  Child Support Decrease   
  Changed Employers  
 Household Composition (You must complete the section below)   
  Phone Number   
  Address Change  
 Other (please explain) \_\_\_\_\_

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

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

**If you're reporting a Household Composition change, check the applicable box:     ADD     REMOVE**

Reason(s) for change in household member(s): \_\_\_\_\_

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

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

Do you pay out-of-pocket for childcare while you work or attend school? \_\_\_\_\_ If yes, list the amount per month \$ \_\_\_\_\_

Name and Address of Childcare Provider \_\_\_\_\_

**\*\*\*WARNING\*\*\*** Section 1001 of Title 18 of the US 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 // hmhamain@hancockmetro.com

