

CHANGE REPORT FORM FOR NON-SIX-MONTH REPORTING CASES

This form is to be used to notify your food stamp office of any changes in your household's circumstances. You can also call _____ to report changes.

YOU MUST REPORT THE FOLLOWING CHANGES WITHIN 10 DAYS OF FINDING OUT ABOUT THEM. (IF YOU START NEW EMPLOYMENT, YOU MUST REPORT THAT TO US WITHIN 10 DAYS OF THE FIRST DAY OF WORK.)

- ◆ **CHANGES IN GROSS MONTHLY UNEARNED INCOME OF MORE THAN \$50.00 SUCH AS SOCIAL SECURITY, SSI, AND GENERAL ASSISTANCE. YOU ARE NOT REQUIRED TO REPORT CHANGES IN YOUR WFNJ/TANF BENEFITS.**
- ◆ **CHANGES IN MONTHLY EARNED INCOME, ONLY IF THERE IS A CHANGE IN**
 (A) SOURCE, SUCH AS GETTING A JOB WITH A NEW EMPLOYER,
 (B) HOURLY RATE OR SALARY, OR
 (C) STATUS, FROM FULL-TIME TO PART-TIME OR PART-TIME TO FULL-TIME
- ◆ **CHANGES IN HOUSEHOLD COMPOSITION (SUCH AS SOMEONE ENTERING OR LEAVING YOUR HOUSEHOLD).**
- ◆ **CHANGES IN RESIDENCE AND ANY CHANGES IN RENT OR MORTGAGE COSTS, WHICH RESULT FROM YOUR MOVING.**
- ◆ **OBTAINING A LICENSED MOTOR VEHICLE THAT IS NOT EXEMPT FROM RESOURCE CONSIDERATION.**
- ◆ **CHANGES IN A LEGAL OBLIGATION TO PAY CHILD SUPPORT. THIS INCLUDES WHEN YOU NO LONGER HAVE TO PAY SUPPORT, OR A COURT ORDER IS MODIFIED. ALSO, IF YOU HAVE LESS THAN A 3-MONTH RECORD OF PAYING CHILD SUPPORT, YOU MUST REPORT CHANGES IN THE AMOUNT YOU PAY WHICH ARE GREATER THAN \$50 FROM THE AMOUNT USED IN YOUR CURRENT CERTIFICATION PERIOD.**
- ◆ **ANY LIQUID RESOURCES SUCH AS CASH ON HAND, BANK ACCOUNT BALANCES, STOCKS, BONDS, ETC., THAT REACH OR EXCEED \$2,000, (OR \$3,000 FOR HOUSEHOLDS WITH MEMBERS WHO ARE DISABLED OR AGE 60 OR OLDER).**

INSTRUCTIONS: PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IT TO THE FOOD STAMP OFFICE.

NAME: _____ DAYTIME PHONE# _____

ADDRESS: _____ CASE NO. _____

THIS IS TO INFORM YOU THAT:

() 1. I (we) have moved to _____ on _____
 (give new address) (date moved)

() 2. A new member has been added to our household.
 Date Added: _____ Name: _____
 Relationship: _____
 Date of Birth: _____ Social Security#: _____
 Source of income: _____

() 3. A member has moved out of our household.
 Name: _____ Date moved: _____
 Relationship: _____ Source of Income: _____

() 4. I (we) have had a change in **EARNED INCOME**. The change was:
 () SOURCE _____ (name & address of new employer)

() HOURLY RATE OR SALARY _____ (Give new amount)

() STATUS--()was full time now part time ()--was part-time now full time

- () 5. I (we) have had a change in **UNEARNED INCOME**.
The income was \$ _____ and is now \$ _____.
Source _____ Date of change _____
- () 6. I (we) have obtained a licensed vehicle. Make: _____
Model: _____ Year: _____ Value:\$ _____ Date obtained _____
- () 7. I (we) have had the following increase in resources: _____
When _____
- () 8. I (we) have had the following change in child support which I (we) must provide: _____

- () 9. This change will happen this month only. ()Yes () NO, IT WILL CONTINUE.
- () 10. Other changes you might want to report **but are not required to report**: (such as changes in shelter costs even if you have not moved, medical expenses, etc.)

REMEMBER: If you are eligible for one of the standard utility allowances, you must utilize one. Households with elderly or members or members with disability may qualify for the excess shelter deduction.

ANY MEMBER OF YOUR HOUSEHOLD WHO BREAKS ANY OF THE FOLLOWING RULES ON PURPOSE WILL NOT BE ABLE TO GET FOOD STAMP BENEFITS FOR 12 MONTHS AFTER THE FIRST TIME, 24 MONTHS AFTER THE SECOND TIME, AND PERMANENTLY AFTER THE THIRD TIME. A COURT CAN ALSO ORDER THE PERSON OFF FOOD STAMPS FOR AN ADDITIONAL 18 MONTHS. THE PERSON CAN ALSO BE FINED UP TO \$250,000, SENT TO JAIL FOR UP TO 20 YEARS OR BOTH. UNDER OTHER FEDERAL LAWS, ADDITIONAL CRIMINAL OR CIVIL ACTION MAY BE TAKEN AGAINST THE INDIVIDUAL.

DO NOT GIVE FALSE INFORMATION OR HIDE INFORMATION TO GET OR CONTINUE TO GET FOOD STAMP BENEFITS.

DO NOT TRADE OR SELL FAMILIES FIRST CARDS.

DO NOT ALTER FAMILIES FIRST CARDS TO GET MORE FOOD STAMP BENEFITS THAN YOU SHOULD.

DO NOT USE SOMEONE ELSE'S FAMILIES FIRST CARD FOR YOUR HOUSEHOLD.

DO NOT USE FOOD STAMP BENEFITS TO BUY INELIGIBLE ITEMS SUCH AS ALCOHOLIC DRINKS AND TOBACCO.

IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD ARE CONVICTED IN ANY COURT OF TRADING YOUR FOOD STAMPS FOR FIREARMS, AMMUNITION, EXPLOSIVES OR CONTROLLED SUBSTANCES, THE GUILTY PARTY WILL BE PERMANENTLY DISQUALIFIED FROM RECEIVING FOOD STAMPS.

I UNDERSTAND THE PENALTY FOR HIDING OR GIVING FALSE INFORMATION. I ALSO UNDERSTAND I WILL OWE THE VALUE OF ANY EXTRA FOOD STAMPS I RECEIVE BECAUSE I HAVE NOT FULLY REPORTED CHANGES IN MY HOUSEHOLD. I AGREE TO PROVE ANY CHANGES I REPORT IF YOU ASK. MY ANSWERS ON THIS FORM ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY SIGNATURE AUTHORIZES FEDERAL, STATE, AND LOCAL OFFICIALS TO CONTACT OTHER PERSONS OR ORGANIZATIONS TO VERIFY THE INFORMATION I HAVE PROVIDED.

YOUR SIGNATURE _____

TODAY'S DATE _____