

## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

### CHANGE REPORTING FORM

If you wish to report changes you may use this form to do so. This will help make sure you get the correct benefits you are eligible to receive. Depending on the reporting requirements for the benefits you receive, you may not need to report the changes listed below. However, any changes that you choose to report will be acted on for all Programs if required. If you are unsure of the reporting requirements for the type of benefits you receive, please contact the Customer Service Reporting Center at 1-877-716-1212 before reporting information.

If you receive Food Stamp benefits and are certified for 6 months, you do not need to report changes except when the gross earned and unearned income **of everyone who lives in your home** exceeds the gross income limit for your assistance group's size. In addition, if your household contains an ABAWD, you may need to report additional changes. The gross income limit for your assistance group and the additional reporting requirements for ABAWDs can be found on a recent notification letter or may be obtained by contacting the Customer Service Reporting Center.

If you receive Food Stamp benefits and are certified for 24 months, you must report the following changes in your household within ten (10) days of the time you learn of the change:

- If you move, your new address
- If you have a change in rent and/or utilities because you moved
- If anyone in the household begins receiving income from a new source or has a change in unearned income of more than \$50
- If anyone moves into or out of your household
- If you have an increase in your assets and the total amount exceeds \$3,000
- If you begin paying legally obligated child support to someone outside the home, or the legally obligated amount that you currently pay changes

If you intentionally give FALSE INFORMATION or WITHHOLD INFORMATION, you will have to pay back your Food Stamp Benefits and may be disqualified from the Food Stamp Program for 12 months, 24 months or permanently. In addition, you may be found guilty of FRAUD. Punishment upon conviction may be a fine up to \$10,000 or confinement up to 5 years.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Please check one of the following boxes:

- ☐ The changes I am reporting are only for this month.
- ☐ The changes I am reporting will be continuing.

2. If the address where you live has changed, **please** write your NEW address below.

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to your home: \_\_\_\_\_

If the address where you get your mail is different, please write your new mailing address below.

Post Office Box #: \_\_\_\_\_ or Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Please enter the amount paid each month for the items below or zero (0) if you no longer pay this expense. If you now pay a shelter or utility expense that is not listed, please write it in the section listed as other. If any agency or individual not living in your home now pays all or part of these expenses, please list the amount that they pay and whether it is paid to you or **directly** to the company that bills you. PLEASE CIRCLE **YOUR** PRIMARY SOURCE OF HEATING OR COOLING.

Type of Expense	Amount Owed Each Month	Paid By (Self, HUD, etc.)
Rent/Mortgage Payment, Lot Rent, Property Tax, Homeowner's Ins., Etc.	\$	
Electric	\$	
Gas	\$	
Propane	\$	
Fuel Oil	\$	
Sewer/Water	\$	
Other	\$	

4. Has anyone moved into or out of your household? Yes ☐ No ☐ If yes, complete the chart below.

Name	Date of Birth	Relationship to You	Date Moved In	Date Moved Out

5. Has there been a change in the income of anyone in the home? Yes ☐ No ☐

If yes, please list all changes and new sources of earned and/or unearned income received in your household.

Name	Source of Income	Gross Amount

6. Does anyone in your household have **any new assets and/or** a change in value **for** any of the following assets? Yes ☐ No ☐

If so, list who and the **current** amount. Please also list accounts on which the name of any household member is listed, even if the other person does not live with you.

	Name	Amount
Checking accounts		
Savings accounts		
Stocks and Bonds		
Burial Funds		
Other Assets		

7. Does anyone in your household now pay or **have** a change in the amount they pay for court-ordered child support, other expenses, or medical insurance for a child? Yes ☐ No ☐

If yes, provide the following for each of the last 3 months:

Name	Month	Court-Ordered Amount	Payment Actually Made