

CHANGE REPORT

CASE NAME	CASE NUMBER
WORKER NAME	LOCALITY
AGENCY TELEPHONE NUMBER	
CERTIFICATION PERIOD	YOUR HOUSEHOLD SIZE

You must report changes that occur in your household to ensure that your Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefit amount is correct. You may use this form to report changes listed below for your SNAP or TANF case. You may also report changes online at <https://commonhelp.virginia.gov/access/>. Report changes within 10 days from when they occur but, no later than the 10th day of the next month. If you do not report changes, you may have to repay benefits you receive incorrectly, be fined, or prosecuted.

You may contact me at the number above if you need help in completing this form.

Please note changes on the next page. Please provide proof if there are changes.

• **If you receive TANF, tell us if:**

- Your address changes;
- A child, including a newborn, or the father, or the mother of a child, enters or leaves your home;
- There are changes that may affect your participation in VIEW, such as changes in income, employment, education, training, transportation, and child care; or
- All the income for your household before taxes goes over the limits in the chart below.

Changes that need to be reported for SNAP depend on the length of the certification period. “Simplified Reporting” applies to households that are eligible for five (5) months or longer. “Change Reporting” applies to households that are eligible for one (1) month to four (4) months.

• **SNAP Simplified Reporting (certified five+ months), tell us if:**

- All the income for your household before taxes goes over the limits in the chart below.
- The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home.

• **SNAP Change Reporting (certified four months or less), tell us if:**

- There is a change in the number of people in your household;
- Your address changes, including shelter expenses that change resulting from the move;
- The obligation to pay child support changes or the amount paid to someone outside the household changes;
- Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,250 or \$3,500* or more;
- The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home; or
- There are changes in income:
 - There are unearned income changes of more than \$50 for income sources such as Social Security, SSI, pensions, etc.;
 - There are earned income changes of more than \$100 for money received from working;
 - You start or stop a job; or
 - Your job switches from full-time to part-time or part-time to full-time.

Gross Income Chart

Number of People in your Household	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$ 1,307	\$ 303.95	\$ 607.91	\$ 653.50
2	1,760	409.30	818.60	880.00
3	2,213	514.65	1,029.30	1,106.50
4	2,665	619.77	1,239.53	1,332.50
5	3,118	725.12	1,450.23	1,559.00
6	3,571	830.47	1,660.93	1,785.50
7	4,024	935.81	1,871.63	2,012.00
8	4,477	1,041.16	2,082.33	2,238.50
For each additional member add	+453	+105.35	+210.70	+226.50

These amounts are valid through 09/30/2018

Add together the gross income for all of the people in your household. New income total \$ _____

This institution is an equal opportunity provider

DETAILS ON CHANGES THAT HAVE OCCURRED

CHANGE IN THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD

HAS ANYONE MOVED IN?

Name		Date moved in	Relationship to you	Social Security Number
Date of Birth	Race (not required)		Sex	Marital Status
U.S. Citizen Yes () No ()	If Alien, give alien number, date of entry	Last school grade completed		Currently in School? Yes () No ()

HAS ANYONE MOVED OUT?

Name	Date moved out	Name	Date moved out
------	----------------	------	----------------

CHANGE IN YOUR ADDRESS

New Address (Street, Apt. Number)	City, State, ZIP
-----------------------------------	------------------

CHANGE IN SHELTER EXPENSES THAT RESULT FROM THE MOVE

Rent or Mortgage \$ _____ per	Property Taxes \$ _____ per	Homeowner's Insurance \$ _____ per	Electricity \$ _____ per
Gas \$ _____ per	Oil \$ _____ per	Kerosene, Coal, wood, etc. List and give amount	
Water/Sewer \$ _____ per	Garbage \$ _____ per	Telephone (Basic Service Only) \$ _____ per	Installation Fees \$ _____ per

CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

Person paying support	Person receiving support	Amount legally obligated \$ _____ per	Amount paid \$ _____ per
-----------------------	--------------------------	--	-----------------------------

CHANGE IN YOUR LIQUID RESOURCES SUCH AS CASH, BANK ACCOUNTS, BONDS, ETC. THAT REACH OR EXCEED \$2,250 OR \$3,500* (*\$3,500 applies only if there is someone in your household who is 60 years of age or older or who is permanently disabled.)

Name	Account Type	Balance
------	--------------	---------

CHANGE IN THE NUMBER OF WORK HOURS IN A WEEK GOES UNDER 20 FOR MEMBERS WHO ARE BETWEEN THE AGES OF 18-50 IF THERE ARE NO CHILDREN IN THE HOME.

Name	Number of Work Hours
------	----------------------

CHANGE IN INCOME

CHANGE IN UNEARNED INCOME OF MORE THAN \$50 (such as Social Security, SSI, pensions, etc.)

NAME	INCOME TYPE	AMOUNT
------	-------------	--------

CHANGE IN EARNED INCOME OF MORE THAN \$100 (money you receive from working)

NAME	INCOME TYPE	AMOUNT
------	-------------	--------

HAVE YOU STARTED OR STOPPED A JOB?

NAME	EMPLOYER	DATE STARTED/STOPPED
	NUMBER OF HOURS IF STARTED	

HAVE YOU CHANGED FROM FULL-TIME TO PART-TIME OR PART-TIME TO FULL-TIME?

NAME	EMPLOYER	NUMBER OF HOURS
------	----------	-----------------

OTHER CHANGES

--

Person completing this form

Date