

Office Hours
8 a.m. to 4 p.m.

Telephone
856-299-7200

SALEM COUNTY BOARD OF SOCIAL SERVICES
147 South Virginia Ave.
Penns Grove, NJ 08069

CHANGE REPORT FORM

This form is to be used to notify your food stamp office of any changes in your household's circumstances. You can also call _____ 299-7200 _____ to report changes.

YOU MUST REPORT THE FOLLOWING CHANGES:

- ◆ **CHANGES IN GROSS MONTHLY UNEARNED INCOME OF MORE THAN \$25.00 SUCH AS SOCIAL SECURITY SSI, AND GENERAL ASSISTANCE. YOU ARE NOT REQUIRED TO REPORT CHANGES IN YOUR AFDC.**
- ◆ **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 AGE 60 OR OLDER).**

INSTRUCTIONS: YOU MUST REPORT THESE CHANGES WITHIN 10 DAYS OF FINDING OUT ABOUT THEM. PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IT TO THE FOOD STAMP OFFICE WITHIN 10 DAYS OF YOU FINDING OUT ABOUT THE CHANGE OR CHANGES.

NAME: _____ **DAYTIME PHONE#** _____

ADDRESS: _____ **CASE NO.** _____

THIS IS TO INFORM YOU THAT:

() 1. 1 (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: \$ _____ Dated 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 change 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 your utility costs are higher than the food stamp utility standard, you may list actual costs to enable you to receive greater benefits. Households with elderly 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 STAMPS 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 \$250,00, 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 STAMPS.

DO NOT TRADE OR SELL FOOD STAMPS, AUTHORIZATION CARDS OR FAMILIES FIRST CARDS.

DO NOT ALTER AUTHORIZATION CARDS OR FAMILIES FIRST CARDS TO GET MORE FOOD STAMPS THAN YOU SHOULD

DO NOT USE SOMEONE ELSE'S FOOD STAMPS, AUTHORIZATION CARD OR FAMILIES FIRST CARD FOR YOUR HOUSEHOLD

DO NOT USE FOOD STAMPS 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 AUTHORIZED FEDERAL, STATE, AND LOCAL OFFICIALS TO CONTACT OTHER PERSONS OR ORGANIZATIONS TO VERIFY THE INFORMATION I HAVE PROVIDED.

YOUR SIGNATURE _____ TODAY'S DATE _____