

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.

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 130% Gross Income Limit listed in Chart A below.

Your case has been certified effective - based on a household size of .

- **If you receive SNAP as part of the Elderly Simplified Application Project (ESAP) and your certification period is 36 months (three years), tell us if:**
 - There is a change in the number of people in your household;
 - You have lottery or gambling winnings of \$4,250* or more; or
 - You or any member of your household starts getting income from working.
- **If you receive SNAP and your certification period is five (5) months or longer, tell us if:**
 - All the income for your household before taxes goes over the limits in Chart B below unless the note for Chart A applies.
 - 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.
 - You have lottery or gambling winnings of \$4,250* or more.
- **If you receive SNAP and your certification period is for one (1) month to four (4) months, 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 \$2,750 or \$4,250* or more;
 - You have lottery or gambling winnings of \$4,250* 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 income changes of more than \$125 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job: or
 - Your job switches from full-time to part-time or part-time to full-time.

Chart A (Gross Income Limit 130%)*					Chart B (Gross Income Limit 200%)*				
HH Size	Monthly	Weekly	Every 2 Weeks	Twice a Month	HH Size	Monthly	Weekly	Every 2 Weeks	Twice a Month
1	\$ 1,473	\$ 342.55	\$ 685.11	\$736.50	1	\$ 2,265	\$ 526.74	\$1,053.48	\$ 1,132.50
2	1,984	461.39	922.79	992.00	2	3,052	709.76	1,419.53	1,526.00
3	2,495	580.23	1,160.46	1,247.50	3	3,839	892.79	1,785.58	1,919.50
4	3,007	699.30	1,398.60	1,503.50	4	4,625	1,075.58	2,151.16	2,312.50
5	3,518	818.13	1,636.27	1,759.00	5	5,412	1,258.60	2,517.20	2,706.00
6	4,029	936.97	1,873.95	2,014.50	6	6,199	1,441.62	2,883.25	3,099.50
7	4,541	1,056.04	2,112.09	2,270.50	7	6,985	1,624.41	3,248.83	3,492.50
8	5,052	1,174.88	2,349.76	2,526.00	8	7,772	1,807.44	3,614.88	3,886.00
Additional members	+512	+119.06	+238.13	+256	Additional members	+787	+183.02	+366.04	+393.50

*Amounts are valid through 9/30/2023.

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

Note: Chart A applies to SNAP households that have a member who cannot get SNAP benefits because of a felony conviction, a conviction for a SNAP intentional program violation, or because of an employment and training requirement. Please contact me at the number above if you are not sure which chart applies to you or if you need help completing this form.

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
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CHANGE IN YOUR ADDRESS

New Address (Street, Apt. Number)	City, State, ZIP
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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
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CHANGE IN YOUR LIQUID RESOURCES SUCH AS CASH, BANK ACCOUNTS, BONDS, ETC. THAT REACH OR EXCEED \$2,750 OR \$4,250* (*\$4,250 applies only if someone in your household is 60 years of age or older or who is permanently disabled.)

Name	Account Type	Balance
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RECEIPT OF LOTTERY OR GAMBLING WINNINGS OF \$4,250 OR MORE

Name	Gross Amount Received	When Received
	Where Received	

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
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CHANGE IN INCOME OF MORE THAN \$125 (money from working or from sources such as Social Security, SSI, pensions, etc.)

Name	Income Type	Amount
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CHANGE IN INCOME SOURCE - HAVE YOU STARTED OR STOPPED RECEIVING INCOME?

Name	Source	Date Started/Stopped
		Number Of Hours If Started Working

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

Name	Employer	Number Of Hours
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OTHER CHANGES

Person completing this form

Date