

Income Change Form

Phone: 321.636.8535 • Fax: 321.632.4729 • 828 Stone Street • Cocoa, FL 32922

HACCFL.com   

Head of Household

Name (Last, First)		SSN (Last 4)	
Street Name & Number	City	State	Zip
Phone	Email Address		

Instructions: Complete only the sections necessary to tell us how your household income has changed. Complete all items in the applicable section and attach supporting documentation to verify the change. Both authorization forms for release of information must be signed by the person with the change, if 18 or older and head of household.

What Type of Change:

- I am reporting an **increase** in household income
 I am reporting a **decrease** in household income
 Other _____

Employment

Attach pay stubs or a letter from employer.

Change in Pay or New Employment	Employment Ended
Household Member	Household Member
Employer Name	Employer Name
Employer Phone	Employer Phone
Employer Fax	Employer Fax
Employer Address	Employer Address
Hire Date	Stop Date
Hourly Pay Rate \$ _____ Hours per Week: _____ Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2xs Per Month	<input type="checkbox"/> Attach confirmation from the employer of your last day worked.

Other Income

Check all applicable boxes, write in details, and attach statements.

<input type="checkbox"/> Child Support <input type="checkbox"/> Pension or Annuity <input type="checkbox"/> Trust or Retirement Disbursements <input type="checkbox"/> VA Benefits <input type="checkbox"/> Gifts or Contributions <input type="checkbox"/> Cash Assistance (<i>TANF/Aged, Blind, Disabled/Welfare</i>) <input type="checkbox"/> Social Security or SSI <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other _____	
Household Member	Household Member
Describe Change	Describe Change
Amount \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month
Start Date _____ Stop Date _____	Start Date _____ Stop Date _____

Income Change Instructions

Information Release Forms

The Authorization for the Release of Information form must be signed by the person with the change if 18 or older and the head of household.

Verification Required

You are Required to Submit Verification of Your Change

New Employment

Examples of verification are a letter from the employer, acceptance letter, or all paystubs received to date, or payroll history print out.

Self Employed

Request self-employment worksheets and additional instructions on how to complete them.

Loss of Employment

Copy of termination letter, a letter on stationery stating your last day of employment.

Family or Organizational Support

Request the "Statement of Financial Assistance" form, or notarized letter from person giving support.

Student Status

Provide a copy of the enrollment verification certificate from the National Student Clearinghouse:
www.studentclearinghouse.org

All Other Changes

A copy of the letter that you received to notify you of the change.

If you are unclear on anything stated above, please ask for further clarification. Failure to complete the forms correctly or supply verification will result in the delay of your change being processed.