

77 Olde Farm Lane
 Rochester, NH 03867

(603) 332-4126 Phone

(603) 332-0039 Fax

Change of Income /Expenses From
You MUST INCLUDE SUPPORTING DOCUMENTATION
ALL INCOME CHANGES MUST BE REPORTED IN 10 DAYS OF CHANGE

Head of Household _____ Phone Number (required) _____

Family Member with change if other than head: _____ SS# _____

EMPLOYMENT				
Employers Full Name:			Employers phone #	Employers Fax #
Employers Full Address				Contact Person
Date Hired	Date Fired	Rate of Pay	Scheduled Hours	
What are the changes in employment?				

OTHER CHANGES				
Type	Date of Change	Weekly/Monthly Circle one	New Amount	Old Amount
TANF or State Cash Assistance of any kind		Weekly or Monthly Circle one		
Child Support		Weekly or Monthly Circle one		
Name and address of agency or person support comes from:				
Social Security		Weekly or Monthly Circle one		
SSI		Weekly or Monthly Circle one		
SSDI		Weekly or Monthly Circle one		
Unemployment		Weekly or Monthly Circle one		
Workmen's Compensation		Weekly or Monthly Circle one		
Name and Address where WC comes from:				
Pension's		Weekly or Monthly Circle one		
Self- Employment	Ask for Self	Employment Forms		
Other Types of Income Type				
Name and address of other Income source:				

Other Types of Income Type				
Name and address of other Income source:				

Signature of Head of Household _____ Date _____

Signature of Member with Change _____ Date _____