



Change Report Form

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Revised 04/2021

You must report changes if you receive benefits from the Economic Services Division. If you are not sure what you must report, call the *Benefits Service Center* at 1-800-479-6151.

The Change Report is for you to use if, now or in the future, there are any changes you need to report. If you need more space, attach a separate sheet. A worker will process the information and you will get a notice if your benefits change.

Name:	SSN (last 4 digits):	Date of Birth:
Mailing Address:		
Physical Address:		
Phone Number:	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Programs I currently receive: 3SquaresVT 3Squares in a Snap Reach Up/PSE/ Reach Ahead
 Essential Person Fuel Assistance

Please Check the boxes and fill in only the things that have changed.

1. Household Member Change No Change- go to next question

	Person 1	Person 2	Person 3
Date moved (in or out):	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out
Name:			
Birth Date:			
Social Security number:			
Shares household expenses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to you:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Want benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase and prepares food with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received TANF since 1996:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Shelter Expense and Utility Change No Change- go to next question

Homeowner	Renter
Mortgage (principal and interest only):	Total Rent:
Property Tax (Total Tax):	Your portion of rent:
Property Tax (state payment):	Subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Tax (net tax due):	Section 8 housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Condo Fees:	Do you rent a room? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Rent:	Are meals included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Home Equity Loan:	Landlord name:
Homeowners Insurance:	Landlord address:
	Landlord phone number:

Name of person who pays:	Check all that apply				
	<input type="checkbox"/> Heat	<input type="checkbox"/> Hot water	<input type="checkbox"/> Cooking	<input type="checkbox"/> Lights	<input type="checkbox"/> Air Conditioning
Main type of fuel used to heat your home	<input type="checkbox"/> Coal	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane Gas	<input type="checkbox"/> Other
	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pellets	<input type="checkbox"/> Wood	
Name on account:			Account number:		

Fuel account and Supplier <i>(if you heat with wood, pellets or heat is included in your rent, skip this part)</i>	
Name of fuel supplier:	
Fuel supplier's address:	
Name of Provider:	Name on Account/Account Number:
Household's Electricity Provider:	
Type of housing: <input type="checkbox"/> Apartment <input type="checkbox"/> Homeless <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family Home <input type="checkbox"/> Other	Number of Bedrooms:

3) Income Change **No Change- go to next question**

For Reach Up/ Reach First/ PSE/ Reach Ahead, please provide verification of income changes with this form.

If self-employed, check here

	Job 1	Job 2	Job 3
Name of person(s) employed			
Name of employer or business			
Employer phone number			
Current hourly wage			
Current hours per week			
Tips per week			
Start date			
End date			

Would you like information on how to get a job, job training or a better job? Yes No

Income changes from other than working unemployment, money for school, child support, workers' compensation, loans, Veteran's benefits, Social Security/ SSI, Lottery/Gambling winning, retirement income

Paid to	From whom		
Source of income	How often paid	Applied for or receiving	Amount of payment

4) Resource Change **No Change- go to next question**

Real estate value	Savings account balance	Checking account balance	Bought inherited vehicle	Sold or traded vehicle

5) Dependent care expense change **No Change- go to next question**

Childcare costs	Adult dependent care costs	Child support paid

6) Register to vote

If you are not registered to vote where you live now, would you like a voter registration application. Yes No

If you do not check either box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by ESD. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference. You may file a complaint with the Secretary of State's Office at 128 State Street, Montpelier, VT 05633-1101, or call 1-802-828-2363, or 1-800-439-8683 (toll free).

Please sign and date this form here.

Signature:	Date:
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