

**1** Head of Household Information

Fill in or check the required information for the Head of Household.

Name		
Address		
City	State	Zip Code
Phone	Cell Phone	
Email		
Social Security #	Date of Birth	

**2** Change of Income: Wages

Write in the name of the household member the change is for and the monthly pay. Report the monthly pay before deductions. Check if this is an increase or decrease. Write in employer information.

Household Member Name		
Monthly Pay \$	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease
Employer Information		
Start Date	End Date	
Name		
Address		
Phone	Fax	
Household Member Name		
Monthly Pay \$	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease
Employer Information		
Start Date	End Date	
Name		
Address		
Phone	Fax	



**3 Change of Income: Other**

Write in the name of household member the change is for and the income source. Write in the monthly amount. Check if this is an increase or decrease.

Household Member Name	
Income Source	Effective Date      _ _ / _ _ / _ _ _ _
Monthly Amount      \$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease
Household Member Name	
Income Source	Effective Date      _ _ / _ _ / _ _ _ _
Monthly Amount      \$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease
Household Member Name	
Income Source	Effective Date      _ _ / _ _ / _ _ _ _
Monthly Amount	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease

**4 Change in Student Status**

Report a change in full time student status only for those ages 18 and older. Write in the name of household member the change is for and check student status. Write in the school information. **You must report income for a household member who is age 18 or older and no longer claiming full time student status.**

Household Member Name	
<input type="checkbox"/> Is a full time student now	<input type="checkbox"/> Is no longer a full time student
School Information	
Name	
Address	
Phone	Fax



### 5 Remove Household Member

Fill in the information for each household member whom you want to remove.

Household Member 1			
Name		Effective Date    _ / _ / _ _	
New Address			
City		State    _ _	Zip Code
Social Security #    _ - - - - -		Date of Birth    _ _ / _ _ / _ _	
Household Member 2			
Name		Effective Date    _ / _ / _ _	
New Address			
City		State    _ _	Zip Code
Social Security #    _ - - - - -		Date of Birth    _ _ / _ _ / _ _	

### 6 Request to Add New Household Members

Fill in or check the required information for each household member you are requesting to add. See the instructions page for additional items required.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #	_ - - - - -	_ - - - - -	_ - - - - -
Date of Birth	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Head of Household	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-head <input type="checkbox"/> Other adult <input type="checkbox"/> Child under 18 <input type="checkbox"/> Full time student over 18 <input type="checkbox"/> Foster child/Adult <input type="checkbox"/> Live-in Aide	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-head <input type="checkbox"/> Other adult <input type="checkbox"/> Child under 18 <input type="checkbox"/> Full time student over 18 <input type="checkbox"/> Foster child/Adult <input type="checkbox"/> Live-in Aide	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-head <input type="checkbox"/> Other adult <input type="checkbox"/> Child under 18 <input type="checkbox"/> Full time student over 18 <input type="checkbox"/> Foster child/Adult <input type="checkbox"/> Live-in Aide
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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### Other Information

Use this space to tell us any other information about a change you are reporting.

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### Required Signatures

I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC) Section 1001.



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Signature of Head of Household

Date



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Signature of Adult Household Member

Date



FOR OFFICE USE ONLY

Applicant

RTA Applicant

Participant

Participant RTA

REV122618

