

SNAP INTERIM REPORT

Please complete all questions on this form. If you need more space, write your answers on an extra piece of paper and attach it to this form.

Fill out your information below:

Household Size	Total Gross Income (both earned and unearned income)
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Step 1: Complete the information in this box

Name (First, Middle Initial, Last)			Primary Phone Number		
Mailing Address			Street Address (if different)		
City	State	Zip Code	City	State	Zip Code

Step 2: Report changes to your household in this box

(A) Has there been a change in the members of your household?

No - There has **NOT** been a change in the members of my household

Yes - Fill in the boxes below

First Person's Name (First, Middle Initial, Last)	Relationship	Birth Date
<input type="checkbox"/> Added <input type="checkbox"/> Removed		
Second Person's Name (First, Middle Initial, Last)	Relationship	Birth Date
<input type="checkbox"/> Added <input type="checkbox"/> Removed		

(B) Has your household moved?

No - My household has **NOT** moved

Yes - My household has moved. Write in your new mailing address:

If you answered "YES - My household has moved", did your housing costs change?

No - My housing costs did **NOT** change

Yes - My housing costs did change. Fill in the boxes below, and attach proof if you would like your county JFS office to use your housing cost in determining your benefits

Rent or Mortgage per Month
\$

Property Taxes per Month
\$

Homeowner Insurance per Month
\$

I pay for the following utilities (*check all that apply*):

- Telephone Trash Sewage
 Water Electric Gas

Note: Please attach proof for **each expense**

EXAMPLES OF PROOF TO ATTACH:

- Utility Bills
- Rental Leases
- Home Insurance

(C) Has anyone had a change in their Monthly Income? (ex: include changes in hourly rate of pay, salary, full or part time employment status)

No - There has **NOT** been a change

Yes - Fill in the boxes below and attach proof (ex: *earnings or pay statements, W-2 forms*)

Name (<i>First, Middle Initial, Last</i>)	Change Type	How much do they get a month? \$
Name (<i>First, Middle Initial, Last</i>)	Change Type	How much do they get a month? \$
Name (<i>First, Middle Initial, Last</i>)	Change Type	How much do they get a month? \$

(D) If you are subject to the work requirement for Able-Bodied Adults Without Dependents (ABAWDS), have your hours decreased below 20 hours per week (or 80 hours per month)?

No - There has **NOT** been a change

Yes - My hours have decreased below 20 hours per week

N/A - Not applicable

(E) Has anyone's unearned income changed by more than \$100? (ex: *SSI, child support, unemployment.*)

No - There has **NOT** been a change

Yes - Fill in the boxes below and attach proof

Name (<i>First, Middle Initial, Last</i>)	Income Type	How much do they get a month? \$
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Name (First, Middle Initial, Last)	Income Type	How much do they get a month? \$
Name (First, Middle Initial, Last)	Income Type	How much do they get a month? \$
<p>(F) Has anyone had a change in the amount of child support they pay?</p> <p><input type="checkbox"/> No - There has NOT been a change</p> <p><input type="checkbox"/> Yes - Fill in the boxes below and attach proof</p>		
Name (First, Middle Initial, Last)	Child Support Obligation per month	
<p>(G) Have you or anyone in your household won \$4,250 or more (before withholdings) in lottery or gambling winnings?</p> <p><input type="checkbox"/> No/Not Applicable</p> <p><input type="checkbox"/> Yes - Fill in the boxes below and attach proof</p>		
Name (First, Middle Initial, Last)	Date of Winnings	Winnings Amount \$

This Form Continues on the Next Page



Step 3: Read carefully, sign, and date

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this Interim Report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to receive them, the first time I break the rules on purpose I will not be able to get SNAP for one year, the second time two years, and after the third time I will not be able to receive SNAP again.
- I understand and agree to provide all documents to complete my Interim Report.
- I understand and agree that my county JFS office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.
- I understand that in some instances, I may be asked to give consent to my county JFS office to make whatever contacts are necessary to determine eligibility.
- I understand that any changes reported on this notice may result in a reduction or termination of benefits.
- I understand that after returning this form I am still require to report the following changes that may occur prior to my recertification:
 - 1) when my gross monthly income goes above the 130% federal poverty level monthly income limit for my assistance group size,
 - 2) if a member of my assistance group is subject to the work requirement for Able-Bodied Adults Without Dependents (ABAWD) and my/their number of work hours falls below 20 hours per week or 80 hours averaged monthly and,
 - 3) if anyone in my household wins \$4,250 or more in lottery or gambling winnings.

Signature

Date



Step 4: Return this Form with Proof of any Changes by the Deadline on Page 1

FILLED OUT BY COUNTY:

County Contact		County Address	
County Phone Number	County Fax Number	Case Number	