

**CHANGE REPORT FORM FOR NEW JERSEY SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
(NJ SNAP) NON-SIMPLIFIED REPORTING CASES**

This form is to be used to notify your NJ SNAP office of any changes in your household's circumstances. You can also call \_\_\_\_\_ to report changes.

**YOU MUST REPORT THE FOLLOWING CHANGES WITHIN 10 DAYS OF FINDING OUT ABOUT THEM.**

- ◆ ALL CHANGES IN HOUSEHOLD COMPOSITION (SUCH AS SOMEONE ENTERING OR LEAVING YOUR HOUSEHOLD).
- ◆ CHANGES IN RESIDENCE AND ANY CHANGES IN SHELTER COSTS (SUCH AS RENT OR MORTGAGE COSTS) WHICH RESULT FROM MOVING.
- ◆ NEW EARNED INCOME AND/OR UNEARNED INCOME (SUCH AS, EMPLOYMENT, UIB, CHILD SUPPORT, SSI, ETC).

**INSTRUCTIONS:** COMPLETE THE INFORMATION BELOW AND RETURN IT TO THE NJ SNAP OFFICE.

NAME: \_\_\_\_\_ DAYTIME PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CASE NO. \_\_\_\_\_

**THIS IS TO INFORM YOU THAT:**

- ( ) 1. I (we) have moved to \_\_\_\_\_ on \_\_\_\_\_  
(give new address) (date moved)
- ( ) 2. A new member has been added to our household.  
Date Added: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Source of income: \_\_\_\_\_
- ( ) 3. A member has moved out of our household.  
Name: \_\_\_\_\_ Date moved: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Source of Income: \_\_\_\_\_
- ( ) 4. This change will happen this month only. ( ) Yes ( ) NO, IT WILL CONTINUE.
- ( ) 5. I (we) have new earned income \_\_\_\_\_ New unearned income \_\_\_\_\_
- ( ) 6. Other changes you might want to report **but are not required to report:** (such as changes in shelter costs even if you have not moved, medical expenses, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**REMEMBER:** you are eligible for the standard utility allowance, you must utilize it. Households with elderly or disabled members may qualify for the excess shelter deduction.

**ANY MEMBER OF YOUR HOUSEHOLD WHO BREAKS ANY OF THE FOLLOWING RULES ON PURPOSE WILL NOT BE ABLE TO GET NJ SNAP BENEFITS FOR 12 MONTHS AFTER THE FIRST TIME, 24 MONTHS AFTER THE SECOND TIME, AND PERMANENTLY AFTER THE THIRD TIME. A COURT CAN ALSO ORDER THE PERSON OFF NJ SNAP BENEFITS FOR AN ADDITIONAL 18 MONTHS. THE PERSON CAN ALSO BE FINED UP TO \$250,000, SENT TO JAIL FOR UP TO 20 YEARS OR BOTH. UNDER OTHER FEDERAL LAWS, ADDITIONAL CRIMINAL OR CIVIL ACTION MAY BE TAKEN AGAINST THE INDIVIDUAL.**

**DO NOT GIVE FALSE INFORMATION OR HIDE INFORMATION TO GET OR CONTINUE TO GET NJ SNAP BENEFITS.**

**DO NOT TRADE OR SELL FAMILIES FIRST CARDS.**

**DO NOT ALTER FAMILIES FIRST CARDS TO GET MORE N SNAP BENEFITS THAN YOU SHOULD.**

**DO NOT USE SOMEONE ELSE'S FAMILIES FIRST CARD FOR YOUR HOUSEHOLD.**

**DO NOT USE NJ SNAP BENEFITS TO BUY INELIGIBLE ITEMS SUCH AS ALCOHOLIC DRINKS AND TOBACCO.**

**IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD ARE CONVICTED IN ANY COURT OF TRADING YOUR NJ SNAP BENEFITS FOR FIREARMS, AMMUNITION, EXPLOSIVES OR CONTROLLED SUBSTANCES, THE GUILTY PARTY WILL BE PERMANENTLY DISQUALIFIED FROM RECEIVING NJ SNAP BENEFITS.**

**I UNDERSTAND THE PENALTY FOR HIDING OR GIVING FALSE INFORMATION. I ALSO UNDERSTAND I WILL OWE THE VALUE OF ANY EXTRA NJ SNAP BENEFITS I RECEIVE BECAUSE I HAVE NOT FULLY REPORTED CHANGES IN MY HOUSEHOLD. I AGREE TO PROVE ANY CHANGES I REPORT IF YOU ASK. MY ANSWERS ON THIS FORM ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY SIGNATURE AUTHORIZES FEDERAL, STATE, AND LOCAL OFFICIALS TO CONTACT OTHER PERSONS OR ORGANIZATIONS TO VERIFY THE INFORMATION I HAVE PROVIDED.**

YOUR SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_