CHANGE OF ADDRESS

WASHINGTON COUNTY JOB AND FAMILY SERVICES
1115 Gilman Ave, Marietta OH 45750
Phone: (740) 373-5513 Fax: (740) 373-9771

## **CONTACT INFORMATION: CASE NUMBER:**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:  |   | SSN:  |  |
| PREVIOUS ADDRESS:  |  | STATE:  | ZIP: |
| NEW HOME ADDRESS: |   | STATE: | ZIP: |
| MAILING ADDRESS: |  | STATE: | ZIP: |
| PHONE NUMBER:  |  | BEST TIME TO CONTACT: |  |

## **HOUSEHOLD COMPOSITION**

|  |  |  |
| --- | --- | --- |
| List every person in the home: | Relation to you | Does this person eat their meals with you? |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

## **SHELTER EXPENSES – COMPLETE FOR SNAP**

|  |  |  |  |
| --- | --- | --- | --- |
| **MONTHLY RENT COST:** $ | **LANDLORD CONTACT:**  |  |  |
| Does HUD pay any portion of the rent cost?  | [ Yes ] or [ No ] (circle one) | If yes, how much? $ |   |
| **MONTHLY MORTGAGE COST:** $ |  |  |  |
| Are property taxes and/or home insurance escrowed into payment?  | [ Yes ] or [ No ] (circle one) If no, complete the line below. |  |  |
| Annual property tax: $ | Home insurance: $ |  |  |
| Does anyone, other than yourself, pay for shelter expenses? | [ Yes ] or [ No ] (circle one)If yes, complete the lines below. |  |  |
| Who helps pay shelter expenses?  | Relation to you:  | How much? $ |  |
| Do they pay directly to the landlord?  | Is money given to you? | If yes, how much? $ |  |

## **UTILITIES**

|  |  |  |
| --- | --- | --- |
| Do you pay for heating/cooling costs? | [ Yes ] or [ No ] (circle one) |  |
| Do you receive a utility reimbursement check? | [ Yes ] or [ No ] (circle one) If yes, how much? $ |
| Are any utilities included in the rent? If yes, which? | [ Electric ] [ Gas ] [ Water ] [ Sewer ] [ Trash ] |  |
| Which utilities are you responsible to pay?  | [ Electric ] [ Gas ] [ Water ] [ Sewer ] [ Trash ] [ Phone ] |  |
| Are you receiving HEAP assistance? (Home Energy Assistance Program)  | [ Yes ] or [ No ] (circle one) |  |
| Does anyone, other than yourself, pay for utility expenses? | [ Yes ] or [ No ] (circle one)If yes, complete the lines below. |  |
| Who helps pay utility expenses? | Relation to you: |  |
| Which utilities do they pay for you? | [ Electric ] [ Gas ] [ Water ] [ Sewer ] [ Trash ] [ Phone ] |  |
| Do they pay the utility company directly?  | Is money given to you? If yes, how much? $ |  |

## **By signing and dating in the space below, you confirm the above information is correct.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_