



**Massachusetts Department of Transitional Assistance**  
**SNAP Change Report Form**

Give this form to DTA

- By mail: DTA Document Processing Center,  
P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Name \_\_\_\_\_

Last 4 of SSN or Agency ID \_\_\_\_\_

### Instructions

You can use this form to tell DTA about changes. If you are not sure if you need to report a change, call DTA to ask at 1-877-382-2363.

**You must report the following changes in income within 10 days of the first payment of the new amount:**

- If earnings go up or down by more than \$100 per month
- If unearned income goes up or down by more than \$50 per month. Unearned income can be Social Security, SSI, Unemployment, Veterans Benefits, Workers Compensation, pensions, child support, etc.

**You must also report the following changes within 10 days that the change becomes known to your household:**

- Getting paid from a new job or stopping a job
- Address and shelter costs, if your rent, mortgage or utilities changed when you moved
- Who lives with you
- The legal obligation to pay child support (such as termination of the obligation)

**Important:** Department mail is not forwarded by the post office. To get notices about your case, you must tell us of a change in your mailing address (and phone number).

**Most SNAP households are under Simplified Reporting rules.** If you are on simplified reporting, you do not have to report most changes until you get your Interim Report or Recertification forms. Under simplified reporting, you only need to report if:

- Your income goes above the monthly gross limit for your household size, or
- If you are an ABAWD (Able-Bodied Adult Without Dependents) and your work hours or training hours go below 20 hours per week.

Your SNAP approval notice tells you if you are on simplified reporting and the gross income limit.

**To report a change, fill out the section(s) that applies.**

**1. Earned Income:** If anyone in your household started or stopped a job, or had a change in their hours or wages, write the new information below. *Send us verification of the change, such as a paystub(s) or letter from an employer.*

Household Member	Employer Name	Earnings (before taxes)	How Often Received
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**2. Unearned Income:** If anyone in your household started getting unearned income, or had a change of more than \$50 per month in unearned income, write the new information below. *DTA usually can verify Social Security, SSI, Department of Revenue Child Support, and Unemployment. For other unearned income, such as Workers Compensation, pensions, and Veterans Benefits, send us verification of the change such as a benefit or award letter.*

Household Member	Income Source	Income Amount	How Often Received
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**3. Household Members:** If anyone moved into or out of your household, give us the information below. If more than one person moved in or out, attach another page with the information listed here for the additional person.

Name	SSN	Date of Birth
_____	_____	_____

This person moved into my household moved out of my household on \_\_\_\_\_.  
Date

The new household member's monthly income is \$ \_\_\_\_\_.

*We may need verification of this income.*

**4. Address and Shelter Expense Change:** If you moved, give us the information below. *You must also send us proof of your new address.*

New Address:

Do you pay or share costs for heating or air conditioning costs? Yes \_\_\_ No \_\_\_

Do you pay or share costs for electricity or gas? Yes \_\_\_ No \_\_\_

Do you pay or share costs for a phone? Yes \_\_\_ No \_\_\_

Rent or Mortgage Property Taxes Home Insurance

\$ \_\_\_\_\_ per month \$ \_\_\_\_\_ per year \$ \_\_\_\_\_ per year

**5. Other Changes:** Tell us about changes not already listed. You can also use this space to tell us about any medical costs or dependent care costs that you wish to report. Reporting these expenses may increase your SNAP amount.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

This institution is an equal opportunity provider.