



Lower Elwha Klallam Tribe
Department of Social Services
3080 Lower Elwha Road, Port Angeles, WA 98363
Phone: 360.565.7257 • Fax: 360.457.8429

CHANGE IN CIRCUMSTANCES FORM

Changes in your household composition, resources, address, etc., may affect your benefits.

You must report all changes to your Case Manager within 10 days of the change.

Failure to do so in a timely manner may result in underpayments, overpayments, and/or sanctions.

If there are no changes, keep this form for later use.

If reporting a change in housing, you will need your landlord to complete a new landlord statement.

Type of housing: Renting Buying/Own Subsidized Homeless

Other please explain: _____

Number of people has: increased _____ decreased _____

Please explain: _____

If you are telling us about a new household member, please supply a copy of their birth certificate, social security card and Certificate of Indian blood, if applicable.

Monthly housing has increased increased _____ decreased _____

Please explain: _____

CHANGE IN INCOME: work started or stopped, pay increase, hour increase, addition or reduction of other (i.e. SSI, unemployment, etc.) when? Please explain

CASE CLOSE DATE: _____ **Why:** _____

CHANGE IN ADDRESS: Date of move and new address, did your phone number change? Why did you move?

Please explain: _____

If you are turning in income verification, please attach a copy of your original pay stub/or a printed out report from your employer.

If you are turning in a change of housing status please attach a new landlord statement with new rental adjustment.

Head of Household _____ Date: _____

HoH Phone Number _____ Case Manager _____

