

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF WELFARE AND SUPPORTIVE SERVICES <u>http://dwss.nv.gov</u>

THE LAW SAYS YOU MUST REPORT CHANGES TO US S TH OF THE FO	LLOWING MONTH FC	R THE CHANGE HA	APPENS IF YOU ARE RECEIVING S (EDICAL ASSISTANCE.		
Fill in the spaces below. (You can write	an explanation on a sepa PLEASE PROVIDE P			the office.	
NAME			SOCIAL SECURITY NO.		
ADDRESS	Ā	PT #	TELEPHONE		
ITY/ZIP CODE			E-MAIL		
Is this a new address? 🗍 YES 🗌 NO			L		
MAILING ADDRESS (If different)					
PEOPLE CHANGES: Did someone 🔲 move in 🛛		- 1 - 1 - 0			
	DATE MOVED	DATE OF		T	
NAME	IN OR OUT	BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	
		· · ·			
Is the member moving in a tax filer?	_ []			J	
Is the member moving in a tax dependent? \Box YES \Box NC If yes, who claims this member as a tax dependent?)				
				<u> </u>	
INCOME AND JOB CHANGES					
Did someone get a new job or end a job? YES				When?	
Did someone change work hours or pay? YES Place of					
employment		s worked r week		e of first ycheck	
Day of Week Paid	, · · · · ·		iweekly, semi monthly or monthly?		
Are tips received? If so, how much per month? \$		5 55			
Medical insurance available? YES NO	Effective Date:				
OTHER INCOME CHANGES (Unemployment benefits			hild support etc.)		
Explain type of income and change:	, boold becanty benefi	6, 661, alsability, er	па заррон, ос.)	z	
How much is received each month? \$	Who re	ceives this income?			
EXPENSE CHANGES					
New rent/mortgage payment? \$	Do y	ou pay utility bills	? 🗌 YES 📋 NO		
Child Care Expenses? \$	-				
Medical expenses for the elderly (60+) or disabled?					
Does anyone pay part of these expenses? Explain:					
New child support you are ordered to pay? \$					
RESOURCE CHANGES					
You must report any changes in resources (checking/s Include specific information about the opening, closing	avings accounts, bond g, purchasing, selling	s, home/land, boat, of, or changes to re	life insurance, vehicles, etc.). sources. Explain:		
Other changes not listed above, i.e., pregnancy:					
PLEASE READ AND SIGN: "I understand the penal benefits I get because I did not report changes or failed prosecuted or both if I do not tell the truth. I agree to pro- the best of my knowledge."	to report changes time	ly. I understand I	may be disqualified from getting b	enefits. I can be fined or	
Your Signa	ature			Date	
	PROVIDE PROC	NE OE CUANC			

IF WE CHANGE YOUR BENEFITS WE WILL SEND YOU A NOTICE.

(Side 1) 2584 - EG (10/13)

(Side 2) 2584-EG (10/13)



SECRETARY OF STATE BARBARA K. CEGAVSKE STATE OF NEVADA VOTER REGISTRATION APPLICATION

BOX 3 - NAME Please write your name exactly as it appears on the Nevada driver's license, ID card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS Federal and state law require you to provide your NV driver's license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these three forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 11 - PARTY REGISTRATION Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 14 - ASSISTING IN THE COMPLETION OF THIS FORM If you are assisting a person to register to vote, you must complete Box 14. FAILURE TO DO SO IS A FELONY.

Application No.

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DEADLINES FOR SUBMITTING APPLICATION

- By Mail-postmarked by Saturday, 31 days before an Election.
- In Person at DMV-by Saturday, 31 days before an Election. *
- * Online-by Tuesday, 21 days before an Election.
- In Person At County Clerk's or Registrar's Office—by Tuesday, 21 days before an Election (for Municipal Elections, in person at City Clerk's). *
- For Special/Recall Elections-contact your County Clerk or Registrar.

NOTICE You are urged to return your application to register to vote to the County Clerk/Registrar in person or by mail. If you choose to give your completed application to another person to return to the County Clerk/Registrar on your behalf, and the person fails to deliver the application to the County Clerk/Registrar, you will not be registered to vote. Please retain the duplicate copy or receipt from your application to register to vote.

INTERESTED IN BEING A POLL WORKER? Please contact your local County Clerk or Registrar's Office. See Reverse.

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

USE BLAC	CK INK — PLEASE PRI		and the second	ES A CIVIL PENALTY			
Will you	u a citizen of the United States u be 18 years of age or over on checked "no" in response to eit ete this form.	or before Election Day?] Yes No] Yes No	Check boxes that apply an New Registration Name Change	d complete items 3-14		
3 Last N	ame (Only)	First Name (Only)	282/07/2898	Middle Name (Only)	Jr. Sr. 11 111 IV		
4 Home	Street Address (No P.O. Box/Bus	iness Address. See Instructions.)	Apt. # City	State	Zip Code		
5 Mailing) AddressIf different from abo	ove. (P.O. Box or Mail Service Addre	ess) 6 Birth Date	e (M/D/YR) 7	Place of Birth (State or Country)		
8 NV Driv	er's License No./NV ID Card No./	Last 4 of SSN 9 Tele	phone No. (Opt.)	10 E-mail Addro	ess (Opt.)		
☐ De ☐ Ind ☐ Lib	legistration—Check Only One B mocratic Party lependent American Party ertarian Party	 I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in m precinct before the next election The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence I am not laboring under any felony conviction of other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjur that the foregoing is true and correct." 					
	npartisan (no party affiliation publican Party ner Party – Write In Below		n Robert (n. 1999) 1990 - Maria Maria Maria, and an ann an an ann an an ann an ann an	PPLICANT (REQUIRED) 🗣	↓ DATE (REQUIRED)		
14 Importa	unt! If you are assisting a perso	re you were last registered to vote n to register to vote and you are no te the following. Your signature is i	ot a field registrar appoir	nted by a County Clerk/Regist	,		
Name		Mailing Address City/State/Zip Code		Zip Code	Signature		
	VALIDATING A	GENCY USE ONLY. DO GENCY FIELD REGISTRAR MAIL OTHER	NOT WRITE IN TH CANCELLED INACTIVE PRECINCT	(1) A set the set of the set o	elow. N NO: HA		
1 Detach He	ere 🕇	↑ De	tach Here 🕇	· • • • • • • • • • • • • • • • • • • •	↑ Detach Here ↑		
NAME OF PERSON RETAINING THIS APPLICATION (AGENCY STAMP OR NAME OF AGENT, ELECTION OFFICIAL OR PERSON RETAINING APPLICATION)		ELECTION OFFICIAL OR AGENCY Contact Information, Address, Telephone, F		, Fax (Plea If you do not red Card in the mail	PPLICATION RECEIPT ase Retain Receipt) eive a Nevada Voter Registration within 10 days, please call or visit unty Election Department.		
PRINT NAME OF	PERSON RETAINING FORM			APPLICATIO	N NO. HA		

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