



CHANGE REPORT FORM

THE LAW SAYS YOU MUST REPORT CHANGES TO US WITHIN 10 DAYS AFTER THE CHANGE HAPPENS IF YOU ARE RECEIVING SNAP BENEFITS AND BY THE 5TH OF THE FOLLOWING MONTH FOR TANF AND/OR MEDICAL ASSISTANCE.
 Fill in the spaces below. (You can write an explanation on a separate sheet of paper.) You can mail or bring this report into the office.
PLEASE PROVIDE PROOF OF THE CHANGES.

NAME	SOCIAL SECURITY NO.
ADDRESS	TELEPHONE
CITY/ZIP CODE	E-MAIL
Is this a new address? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS (If different) _____	

PEOPLE CHANGES: Did someone move in or out or have a baby?

NAME	DATE MOVED IN OR OUT	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP

Is the member moving in a tax filer? YES NO
 Is the member moving in a tax dependent? YES NO
 If yes, who claims this member as a tax dependent? _____

INCOME AND JOB CHANGES

Did someone get a new job or end a job? YES NO Who? _____ When? _____
 Did someone change work hours or pay? YES NO
 Place of employment _____ Hours worked per week _____ Hourly Rate \$ _____ Date of first paycheck _____
 Day of Week Paid _____ Pay is weekly, biweekly, semi monthly or monthly? _____
 Are tips received? If so, how much per month? \$ _____
 Medical insurance available? YES NO Effective Date: _____
 OTHER INCOME CHANGES (Unemployment benefits, Social Security benefits, SSI, disability, child support, etc.)
 Explain type of income and change:
 How much is received each month? \$ _____ Who receives this income? _____

EXPENSE CHANGES

New rent/mortgage payment? \$ _____ Do you 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/savings accounts, bonds, home/land, boat, life insurance, vehicles, etc.).
 Include specific information about the opening, closing, purchasing, selling of, or changes to resources. Explain:

 Other changes not listed above, i.e., pregnancy:

PLEASE READ AND SIGN: "I understand the penalty for hiding information or giving false information. I understand that I must repay the value of any benefits I get because I did not report changes or failed to report changes timely. I understand I may be disqualified from getting benefits. I can be fined or prosecuted or both if I do not tell the truth. I agree to provide proof of any changes if asked to do so. My answers on this form are true, correct and complete to the best of my knowledge."

Your Signature _____ Date _____

PROVIDE PROOF OF CHANGES
 IF WE CHANGE YOUR BENEFITS WE WILL SEND YOU A NOTICE.



**SECRETARY OF STATE ROSS MILLER
STATE OF NEVADA
VOTER REGISTRATION APPLICATION**

Application No.
HA

BOX 3 - NAME Please write your name exactly as it appears on the Nevada driver's license, I.D. 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 10 - 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 13 - ASSISTING IN THE COMPLETION OF THIS FORM If you are assisting a person to register to vote, you must complete Box 13. FAILURE TO DO SO IS A FELONY.

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.
- ★ 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 BLACK INK — PLEASE PRINT CLEARLY		WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000.	
1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or over on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If you checked "no" in response to either of these questions, do not complete this form.</small>	2	Check boxes that apply and complete items 3-13 <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change
3	Last Name (Only) _____ First Name (Only) _____ Middle Name (Only) _____ Jr. Sr. II III IV		
4	Home Street Address (No P.O. Box/Business Address. See Instructions.) Apt. # _____ City _____ State _____ Zip Code _____		
5	Mailing Address—If different from above. (P.O. Box or Mail Service Address) _____	6	Birth Date (M/D/YR) _____
7	Place of Birth(State or Country) _____	8	NV Driver's License or NV ID Card Number (if neither, last 4 digits of your SSN) _____
9	Telephone No.(Opt.) _____		
10	Party Registration—Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other Party – Write In Below _____ <input type="checkbox"/> Nonpartisan (no party affiliation)	11	"I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my 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 or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct." ↓ SIGNATURE OF APPLICANT (REQUIRED) ↓ ↓ DATE (REQUIRED) ↓ <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div> _____ / /
12	Your name and residence address where you were last registered to vote. (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)		
13	Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.		
Name	Mailing Address	City/State/Zip Code	Signature

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.

AGENCY STAMP HERE	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	CANCELLED INACTIVE PRECINCT	APPLICATION NO. HA RECEIVED BY: _____
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NAME OF PERSON RETAINING THIS APPLICATION _____ <small>AGENCY STAMP OR NAME OF AGENT, ELECTION OFFICIAL OR PERSON RETAINING APPLICATION</small> <small>PRINT NAME OF PERSON RETAINING FORM</small>	ELECTION OFFICIAL OR AGENCY Contact Information, Address, Telephone, Fax _____	VOTER APPLICATION RECEIPT <i>(Please Retain Receipt)</i> If you do not receive a Nevada Voter Registration Card in the mail within 10 days, please call or visit your County Election Department. APPLICATION NO. HA
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(Revised 8.2012)