

Little Traverse Bay Bands of Odawa Indians Food Distribution Program

7500 Odawa Circle-Harbor Springs, MI 49740

Telephone: (231)242-1626,

Fax: (231)242-1635

CHANGE OF INFORMATION

HEAD OF HOUSEHOLD: _____

Section I. Personal Information

Name Change

Address Change

Telephone

Name: _____

New Address: _____

Home Telephone: _____ Work Telephone: _____

Section II. Household Members

Addition

Deletion

Change of Household Information

Add	Del	Name	Birth date	Social Security #
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Section III. Household Income Information

Change of Household Income

	Name	Change	Monthly Gross
1	_____	<input type="checkbox"/> Loss of Wages <input type="checkbox"/> New Source <input type="checkbox"/> New Job	_____
2	_____	<input type="checkbox"/> Loss of Wages <input type="checkbox"/> New Source <input type="checkbox"/> New Job	_____
3	_____	<input type="checkbox"/> Loss of Wages <input type="checkbox"/> New Source <input type="checkbox"/> New Job	_____

Section IV. Authorized Representative

Designate new Representative to pick up food order

Representative's Name: _____

Address: _____

Relationship: _____ Telephone: _____

Section V. Resources

Name	New Resource to Report	Amount
_____	_____	_____
_____	_____	_____

Participant Signature

Date