



#1065-HHCCR Household Composition Change Request Step Up For Students

Application # _____

Use this form to:

- **ADD** a STUDENT/CHILD/OTHER ADULT not previously included on your application.
- **REMOVE** a STUDENT/CHILD/OTHER ADULT that was included on your application.

Definitions:

- **STUDENT** – A household member I WOULD LIKE to have reviewed for scholarship eligibility.
(Must be at least 5 years old by September 1 to enter Kindergarten or 6 years old by September 1 to enter 1st grade.)
- **CHILD** – A household member under 18 I DO NOT want reviewed for scholarship eligibility.
- **OTHER ADULT** – A household member over 18 not listed as the primary parent or the secondary parent.

SECTION 1. ADD THIS STUDENT FOR A SCHOLARSHIP REVIEW.

•First Name: _____ •Middle Initial: _____ •Last Name: _____

•SSN: _____ •Date of Birth: _____ •Gender: Male ____/Female ____
(If this individual does not have a SSN, write N/A on the line.)

•Has the student been in Foster care or Out-Of-Home Care at any time since July 1, 2019? YES____/ NO____

•Does this student receive SNAP? YES____ / NO ____ •Relationship to the Primary Parent: _____

•Is this student of Hispanic or Latino origin? YES____/ NO____ •Grade Level as of 8/2020: _____

•Type of school attended in 2019-20: FL Public____/ FL Private____/ FL Home school____/ FL Charter____

FL Virtual____/ Out of state____ •County that school was located in: _____

SECTION 2. ADD THIS CHILD TO HOUSEHOLD. DO NOT REVIEW THIS CHILD FOR A SCHOLARSHIP.

•First Name: _____ •Middle Initial: _____ •Last Name: _____

•Relationship to Primary Parent: _____ •Date of Birth: _____

•Has the student been in Foster care or Out-Of-Home Care at any time since July 1, 2019? YES____/ NO____

•Gender: Male ____/Female____

SECTION 3. REMOVE THIS INDIVIDUAL FROM MY HOUSEHOLD.

•First Name: _____ •Middle Initial: _____ •Last Name: _____

•Relationship to Primary Parent: _____ •Relationship to child(ren): _____

•State the reason this individual is being removed: _____

•New Address: _____
(If the reason is because the person moved)



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SECTION 4. ADD THIS ADULT TO MY HOUSEHOLD.

First Name: _____ ●Middle Initial: _____ ●Last Name: _____

●Relationship to Primary Parent: _____ ●Relationship to child(ren): _____

●Employed? YES_____/NO ____ ●If yes, name of employer? _____

●If yes, is this a seasonal, educational or other profession where income changes? YES_____/NO____

●Are you **supposed** to receive child support? YES_____/NO____

| Income Source | For each type of income indicate how often it is received. | Gross Amount per Month |
|---|---|-------------------------------|
| ● Wages paid by check/direct deposit | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Wages paid in cash | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Unemployment, Worker's Compensation, Strike Benefits | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Child Support | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Alimony | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Adoption Benefits | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● TANF, General Assistance, General Relief (SNAP/FDPIR are not counted as income) | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Social Security or Disability Income (in your name) | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Social Security or Disability Income (for your children) | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Supplemental Security Income | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Income from a pension, retirement, VA | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Benefits, grants or allowances paid in cash (such as housing, clothing) | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Deployed service member's income left to household | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Annuities or net royalties | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Interest and/or dividends | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Financial assistance received regularly from family members, church, etc. | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Net Income from a self-owned business or farm | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |
| ● Net Rental Income (from rental property you own) | Every week_____/Every-other week_____/Two times a month_____/Once a month____ | \$ _____ |