



#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, 2018? 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 8/2019: _____

•Type of school attended in 2018-19: 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, 2018? 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____	\$ _____