#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
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Wages paid by check/direct deposit | $
Wages paid in cash | $
Unemployment, Worker’s Compensation, Strike Benefits | $
Child Support | $
Alimony | $
Adoption Benefits | $
TANF, General Assistance, General Relief (SNAP/FDPIR are not counted as income) | $
Social Security or Disability Income (in your name) | $
Social Security or Disability Income (for your children) | $
Supplemental Security Income | $
Income from a pension, retirement, VA | $
Benefits, grants or allowances paid in cash (such as housing, clothing) | $
Deployed service member’s income left to household | $
Annuities or net royalties | $
Interest and/or dividends | $
Financial assistance received regularly from family members, church, etc. | $
Net Income from a self-owned business or farm | $
Net Rental Income (from rental property you own) | $