



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

Application # _____

This form should be used to make the following changes to your household composition:

- **ADD** a STUDENT/CHILD/OTHER ADULT not previously included in your household.
 - **REMOVE** a STUDENT/CHILD/OTHER ADULT from your household.
- *NOTE:** Validating documents may be required before an eligibility determination can be made.

Bar Code
Here

Definitions:

- **STUDENT** – A household member I WOULD LIKE to have reviewed for scholarship eligibility.
***NOTE:** (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 that I DO NOT want to have reviewed for scholarship eligibility.
- **OTHER ADULT** – A household member over 18 that is not listed as the primary parent or the secondary parent.

SECTION 1. ADD THIS HOUSEHOLD MEMBER FOR A SCHOLARSHIP REVIEW.

-First Name: _____ -Middle Initial: _____ -Last Name: _____

-SSN: _____ -Date of Birth: _____ -Is this a Foster Child? YES_____/NO_____
 (If this individual does not have a SSN, write N/A on the line.)

-Gender: Male ____/Female ____ -Does this child receive food stamps? YES_____/NO ____

-Is this child of Hispanic or Latino origin? YES_____/NO_____-Grade Level as of 8/2014: _____

-Relationship to the Primary Parent: _____

-Type of school attended in 2013-14: FL Public_____/FL Private_____/FL Home school_____/FL Charter____

-FL Virtual_____/Out of state_____-County this school is located in: _____

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

-First Name: _____ Middle Initial: _____ Last Name: _____

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

-Gender: Male ____/Female____-Is this child a Foster Child? YES_____/NO____

SECTION 3. REMOVE THIS INDIVIDUAL FROM MY HOUSEHOLD.

-First Name: _____ Middle Initial: _____ Last Name: _____

-New Address: _____

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

-State the reason this individual is being removed: _____



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SECTION 4. PLEASE 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_____