

DECLARATION OF HOUSEHOLD CHANGE

If there are changes to your household, this form must be completed in order for us to have current and accurate information in our records regarding your household. This form must be completed by an adult household member. Please type or print legibly in ink.

ONLY COMPLETE THIS FORM IF YOU ARE PART OF THE **2016 MARKETING LIST** AND NEED TO REPORT CHANGES REGARDING YOUR HOUSEHOLD.

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HOUSEHOLD INFORMATION:	
Head of Household Name: (Last Name) Social Security Number:	e) (First Name)
Questionnaire Address:	
City:	State: Zip Code:
Phone Number:	Alternate Phone Number:
Email Address:	@
□ My Household Size has changed from	om to
☐ My Household income has changed f	from to
□ Other:	Monthly Income
Adult Household Member's Signature	Date
Print Name	





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