


Report a Change

Your Control ID : 969553261

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Please identify each household member who needs to be changed or removed

Household Member	Relationship	Decision	
Shiva Krishna		Add	 

 Add/Remove

Item's Change

- HOH Information
- Change in Household Members
- Change of Address/She/ter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit

Save And Exit Application

[Icon Legend](#)

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Report a Change

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Previous Address

Street Address: 5800 Deepeth Rd
 City: Elkridge
 State: Maryland
 Zip Code: 21075
 County: Harford County

Age:

Step 1 of 3

- Interim Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

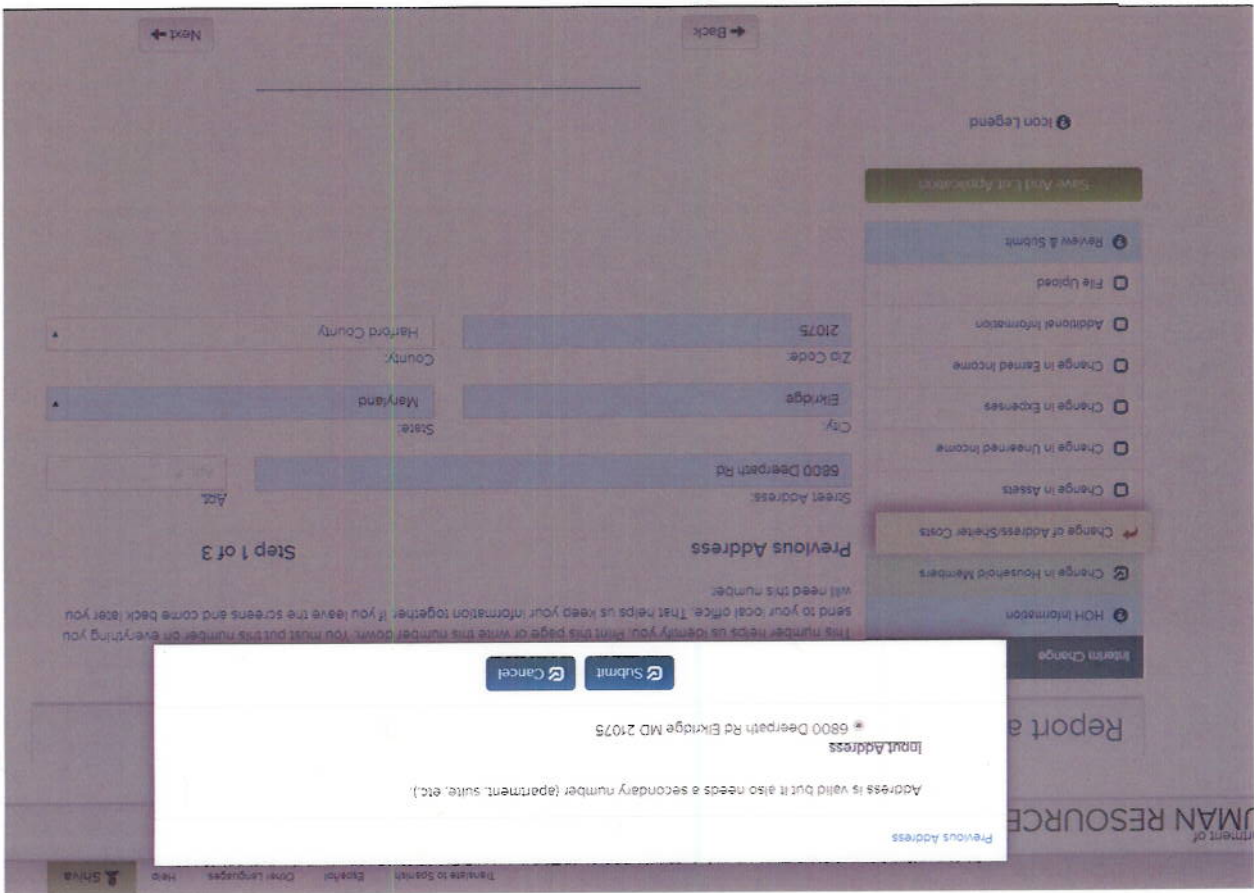
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Report a Change

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Step 2 of 3

Current Address

Street Address: 6800 Deeppath Rd
 City: Elridge
 State: Maryland
 Zip Code: 21075

Residential Address Information

Street Address: [Blank]
 City: [Blank]
 State: Please Select One
 Zip Code: [Blank]

Mailing Address Information

Street Address: [Blank]
 City: [Blank]
 State: Please Select One
 Zip Code: [Blank]

- Itemize Change
- HCH Information
- Change in Household Members
- Change of Address/ Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- File Upload
- Review & Submit
- Save And Exit Application

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Mailing Address Information

Street Address: [Blank]
 City: [Blank]
 State: Please Select One
 Zip Code: 21075

Residential Address Information

Street Address: [Blank]
 City: [Blank]
 State: Please Select One
 Zip Code: [Blank]

Is this address a Public Housing? Yes No

Is this address a Section 8 Housing? Yes No

- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application
- Icon Legend

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Report a Change

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Shelter Costs

Do you want to add or remove shelter costs?

Household Member

Expenses

Decision

[+ Add/Remove/Change](#)

Is heat included in your rent? * Yes No

Do you pay an electric bill for light or cooking? * Yes No

Do you pay for air conditioning? * Yes No

Does someone help you with your utility cost? * Yes No

- Item Change
- HCH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- File Upload
- Review & Submit
- Save And Exit Application

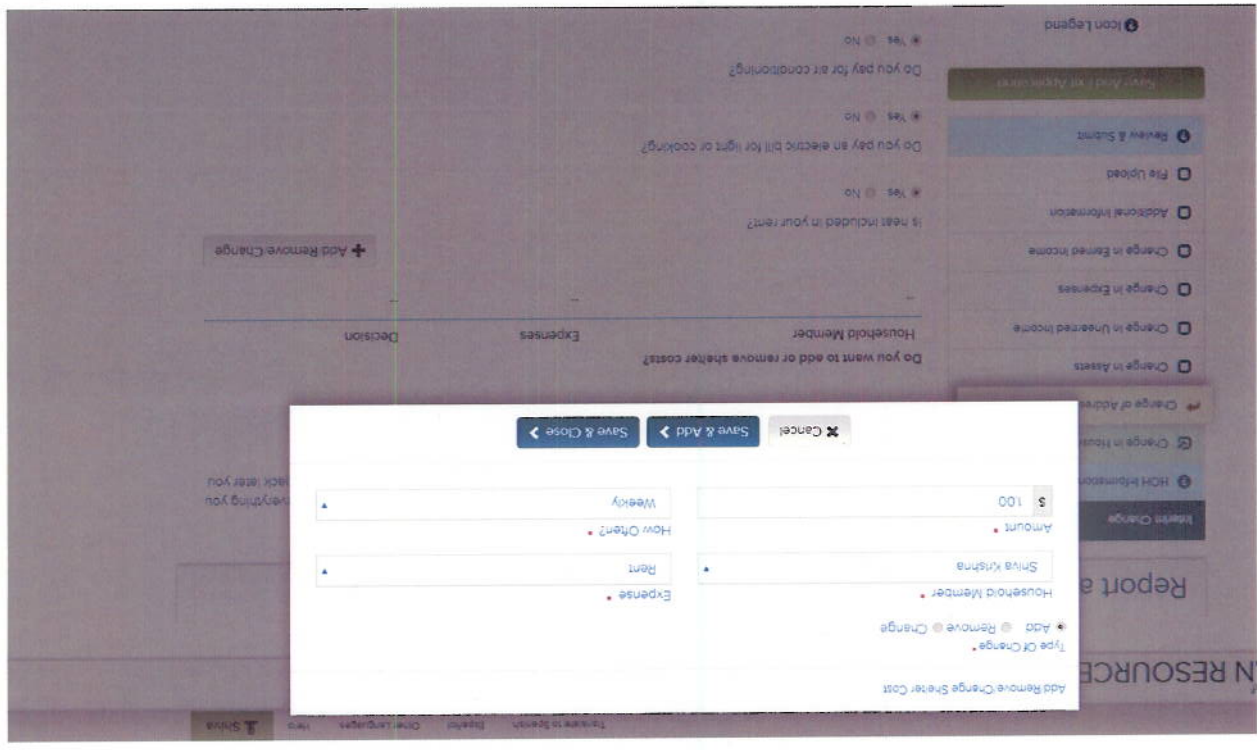
Icon Legend

Screen Shot 159

Screen Shot 160

Amount: \$ 100
 How Often?: Weekly
 Expense: Rent
 Household Member: Shiva Krishna

Type Of Change:
 Add
 Remove
 Change



Report a Change

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Change in Assets

Please tell us about your assets as of the first day of the month. List all assets owned by you or your spouse individually, jointly, or with other persons.

PLEASE PROVIDE PROOF: Submit copies of current statements that verify the value of the assets listed. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail or bring documents to your local Department of Social Services.

Type of Resource/Asset

Name of Owner

Balance/Value

Location

Decision

Next

Back

- Interim Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

Icon Legend

+ Add/Remove/Change

Report a Change

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Shelter Costs

Do you want to add or remove shelter costs?

Household Member

Shiva Krishna

Expenses

Rent

Decision

+ Add/Remove/Change

Do you pay for air conditioning?

Yes No

Do you pay an electric bill for light or cooking?

Yes No

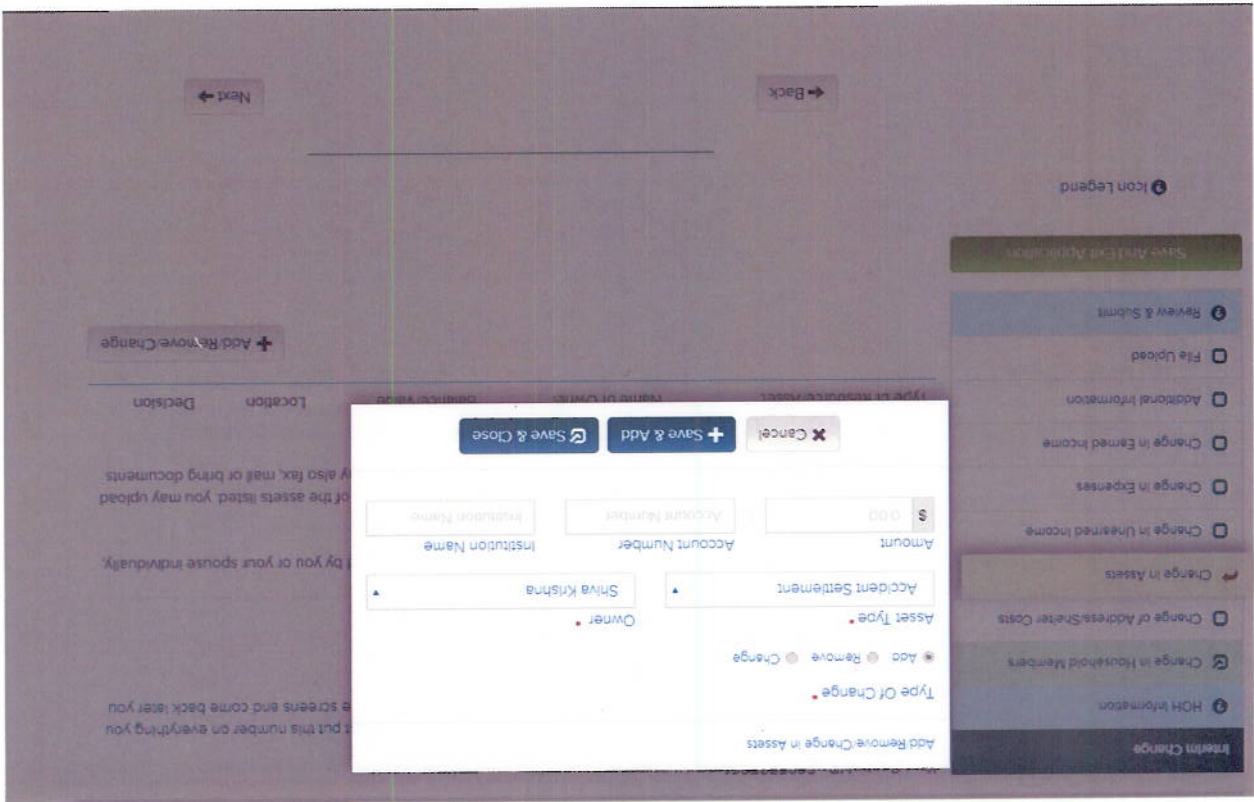
Is heat included in your rent?

Step 3 of 3

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Screen Shot 162

Screen Shot 163



Report a Change

- Interim Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

Icon Legend

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Change in Assets

Please tell us about your assets as of the first day of the month. List all assets owned by you or your spouse individually, jointly, or with other persons.

PLEASE PROVIDE PROOF: Submit copies of current statements that verify the value of the assets listed. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail or bring documents to your local Department of Social Services.

Type of Resource/Asset	Name of Owner	Balance/Value	Location	Decision	Add	Remove	Change
Accident Settlement	Shiva Krishna	0					

+ Add/Remove/Change

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Report a Change

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Change in Unearned Income ?

Do you want to add, remove or change any benefits or unearned income?

Recipient	Benefit/Income Type	Status	Decision
-----------	---------------------	--------	----------

+ Add/Remove/Change

- Interim Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

Icon Legend

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Report a Change

Your Control ID : 5695535261

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Change in Unearned Income

Do you want to add, remove or change any benefits or unearned income?

Recipient	Benefit/Income Type	Status	Decision
Shiva Krishna	Alimony	Add	 

[+ Add/Remove/Change](#)

- Interim Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

Icon Legend

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Report a Change

Your Control ID : 569535261

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Change in Expenses

Step 1 of 4

Do you or anyone in your household have expense you are required to pay such as Child/adult care?

Payor	Provider Name	Cost	Decision
-------	---------------	------	----------

+ Add/Remove/Change

- Print/Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

Icon Legend

Back

Next

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Screen Shot 169

Add Remove **Change** **Child/adult care**

Type Of Change
● Add ● Remove ● Change

Payor
Please Select One
 Under 2 years old?

Household Member Receiving Care
Household Member Receiving Care

Provider Name
Provider Name

Street
Street

Apartment
Apt

City
City

State
Please Select One

Zip Code
Zip Code

How Often?
Please Select One

Cost
Cost \$ 000

Buttons:

Background elements:
- Report a
- HCH Information
- Change in Hours
- Change of Address
- Change in Assets
- Change in Unempl
- Change in Expenses
- Change in Income
- Additional Inform
- File Upload
- Review & Submit
- Save And End Application
- Icon Legend

Footer:

Screen Shot 170

MAN RESOURCES

Report a Change

HOPI Information
Change in Household Members
Change of Address/Share Costs
Change in Assets
Change in Unearned Income
Change in Expenses
Change in Earned Income
Additional Information
File Upload
Review & Submit
Save And Exit Application

Icon Legend

Back

Next

Step 1 of 2

List all gross income before deductions (such as taxes, health insurance, child support, alimony)

Type Of Change
Add Remove Change

Household Member Employed
Please Select One

Tax ID
Tax ID

Employer
Employer

Phone
Phone

Street
Street

City
City

State
Please Select One

Zip
Zip Code

Adj. State

Decision

Add/Remove/Change

Add/Remove/Change Employment Income

Report a Change

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Additional Information

Please use this space if you need to give us more information. Also, if you are an individual with a disability you may be entitled to reasonable accommodations to help you access our Department's activities, programs and services. If you are in need of reasonable accommodations, using the space below please explain your needs.

Examples of Reasonable Accommodations:

Hearing Impairment: sign language interpreter, providing an assistive listening device.
Visual Impairment: having a qualified reader to read to a customer.
Mobility Impairment: mailing forms to a customer, meeting with a customer at a more accessible location.
Development Disabilities: having things written down, taking breaks, scheduling appointment around medical needs.

Maximum of 2000 characters (0/2000)

- Home Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

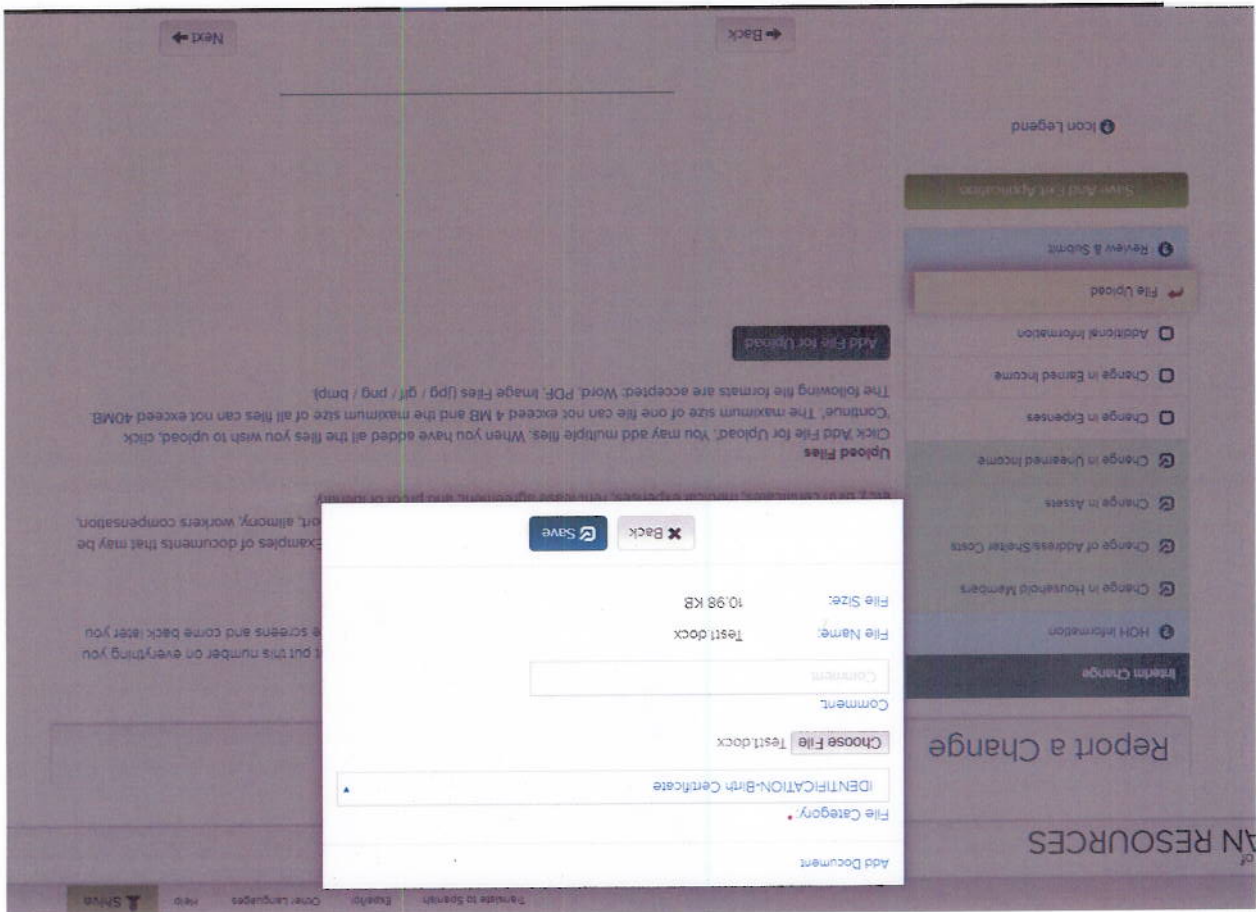


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Report a Change

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If you have any documents to support your application, you may upload them here. Examples of documents that may be needed are recent paystubs, other income verification (such as pensions, child support, alimony, workers compensation, etc.), birth certificates, medical expenses, rent/lease agreement, and proof of identity.

Upload Files
 Click 'Add File for Upload.' You may add multiple files. When you have added all the files you wish to upload, click 'Continue.' The maximum size of one file can not exceed 4 MB and the maximum size of all files can not exceed 40MB. The following file formats are accepted: Word, PDF, Image Files (jpg / gif / png / bmp).

Add File for Upload

File Type	File Name	Comment	File Size
IDENTIFICATION-Birth Certificate	Test1.docx		10.98 KB

- Interim Change
- HOH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
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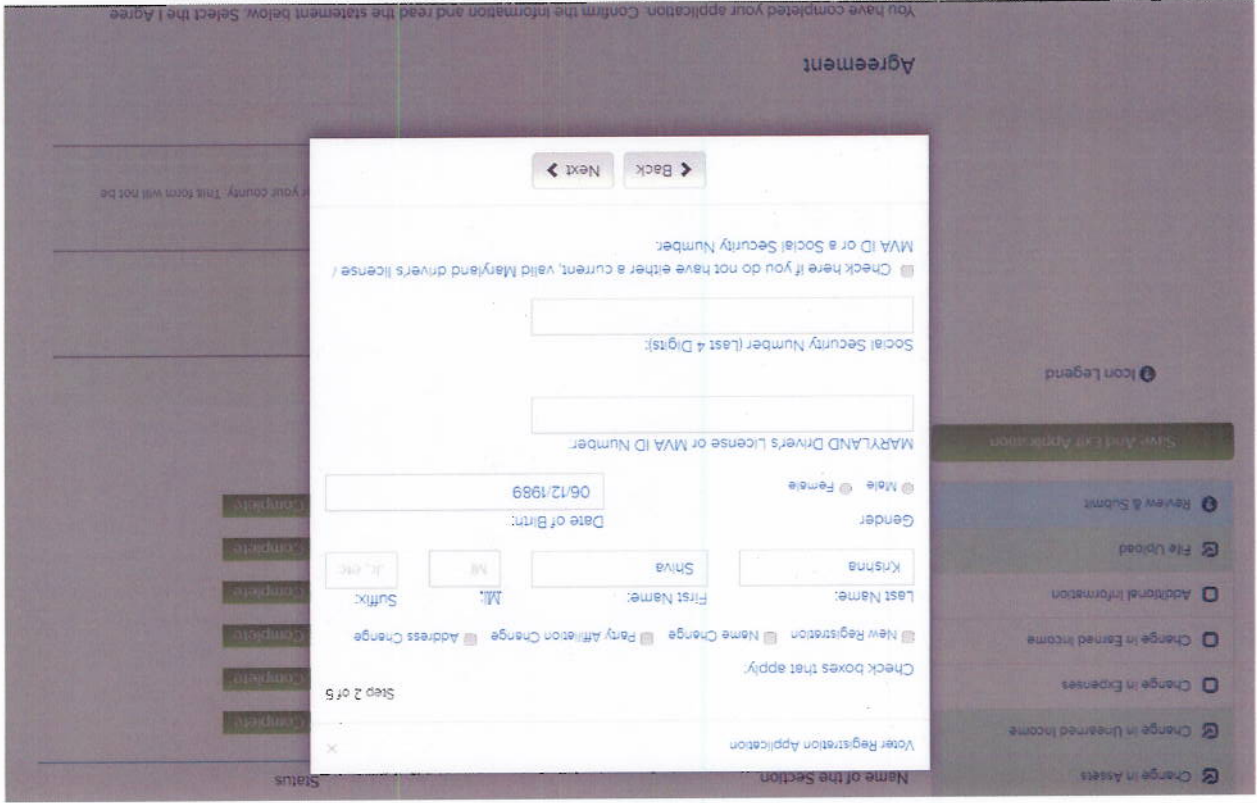
Icon Legend

Used 10.98 KB / 40MB

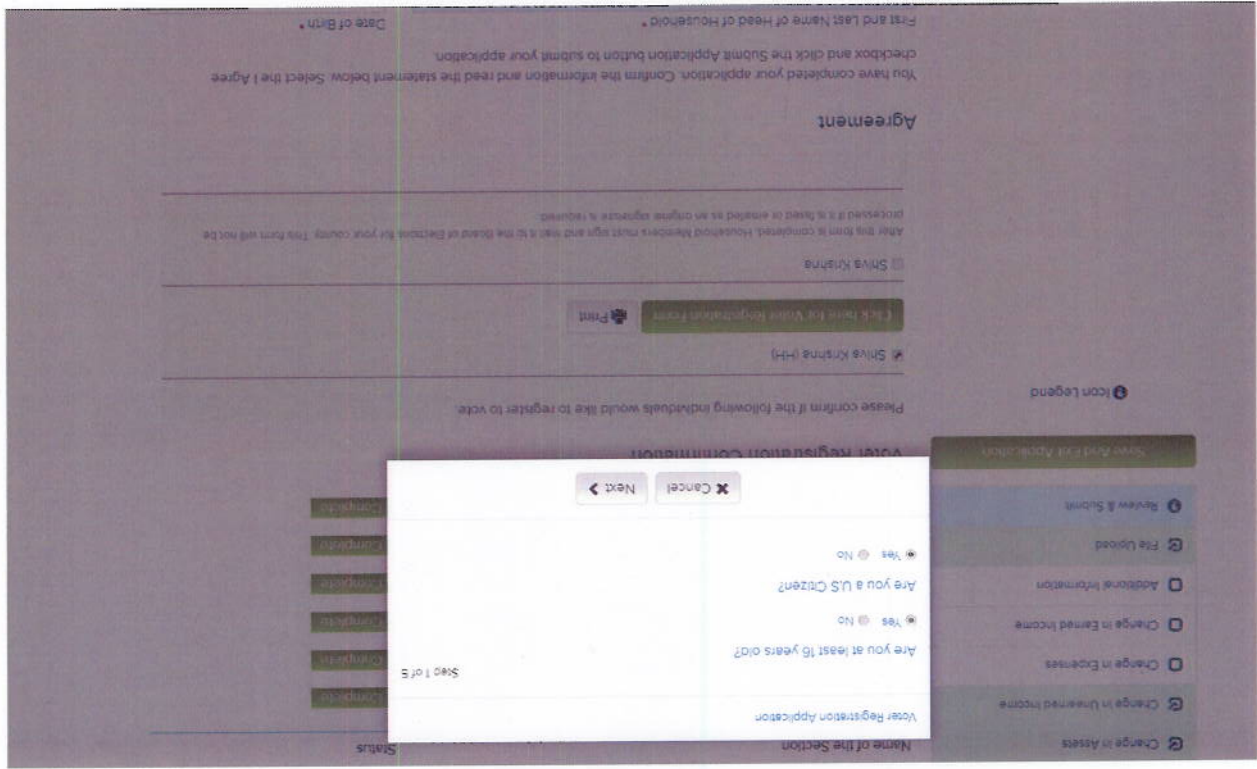
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Screen Shot 176



Screen Shot 175

Screen Shot 178

Shiva Krishna
First and Last Name of Head of Household *

06/12/1989
Date of Birth *

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

Back > Next <

County: Please Select One

City or Town: City or Town

Street Number: Street Number

Street Name: Street Name

Appt #: Appt. #

Zip Code: Zip Code

Mailing Address: Same as Residential Address

Check here if you reside in Baltimore City.

County: Please Select One

City or Town: Elkridge

Street Number: 6800 Deerpath Rd

Street Name: Street Name

Appt #: Appt. #

Zip Code: 21075

Step 3 of 5

Voter Registration Application

Name of the Section

Status

Change in Assets

Change in Unearned Income

Change in Expenses

Change in Earned Income

Additional Information

File Uploaded

Review & Submit

Save and Exit Application

Icon Legend

Complete

Complete

Complete

Complete

Complete

Complete

Complete

Screen Shot 177

Screen Shot 179

Step 4 of 5

You must register with a political party if you want to take part in the political party's primary election, caucus, or convention. Check one box only.

Democratic Party
 Republican Party
 Breed and Roses Party
 Unaffiliated
 Other - Specify

Specify Other Party

Contact Information:
Daytime Phone:
Email (optional):

Check here if you need help voting.
 Check here if you would like to be an election judge.

Under penalty of perjury, I hereby swear or affirm:
I am a U.S. citizen.
I am at least 16 years old.
I am a Maryland resident.
I have not been convicted of buying or selling votes.
I have not been convicted of a felony, or if I have, I have completed serving a court-ordered sentence of imprisonment. The information in this application is true to the best of my knowledge, information and belief.

First and Last Name of Head of Household:
Household ID:
Date:
Date of Birth:

Next > Back <

Save And Exit Application
Review & Submit
File Upload
Additional Information
Change in Earned Income
Change in Expenses
Change in Unearned Income
Change in Assets

Icon Legend

Name of the Section
Status

Complete
Complete
Complete
Complete
Complete
Complete

and I want to submit my application

ent below. Select the I Agree

for your county. This form will not be

Screen Shot 180

LAST VOTER REGISTRATION INFORMATION (if applicable):

Name on Last Registration: Last Name: First Name: Middle Name: Title (Mr., Sr., etc.):

Date of Birth: MM/DD/YYYY

Address on Last Registration: Street Number: Street Name: Apt. # Apt. #

City or Town: Zip Code:

State: Please Select One

Step 5 of 5

Complete **Complete** **Complete** **Complete** **Complete** **Complete**

Change in Assets **Change in Unearned Income** **Change in Earned Income** **Change in Expenses** **Change in Earned Income** **Additional Information** **File Upload** **Review & Submit** **Save And Exit Application** **Icon Legend**

First and Last Name of Head of Household * Shiva Krishna

Date of Birth * 06/12/1989

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

I certify that the information above is correct and complete to the best of my ability, and I want to submit my application.

Report a Change

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Your Control ID number has been updated. Print this page or write this number down. You must put this number on everything you send to the local office. That will help us to keep your information together.

Application Submitted

You have successfully completed and submitted your application for Report a Change. If you chose to print the signature page, be sure to mail it to your local office. Your case worker will have 10 days upon receiving your signature to follow through on your application.

Print Application

[Return to myDHR](#)

Other Benefits & Programs

Do you want help paying for child care?

To apply or get information on Child Care Subsidy Program (CCS) benefits, please click here.

Do you need medical insurance?

Click here to visit Maryland Health Connection.

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