

Iowa Department of Human Services

CHANGE IN INCOME

Date:

County:

Worker Number:

Worker Name:

Phone:

Information is due by:

Dear _____:

Thank you for reporting a change in your income. Please provide us the following verification by 4:30 p.m. on _____ so we can determine your benefits. A self-addressed, stamped envelope is enclosed for your use. Enclosed is a Permission to Release Information. Please sign and date the release and write the name and address of the source of your income in the box designated. If you don't want to use this form, you can provide this information in another way such as an award letter, Explanation of Benefits (EOB), statement from your employer, legal notice, etc. **Failure to provide ALL the requested information by the due date may result in cancellation or denial of benefits.**

If you have difficulty in providing this information by the above date, please contact our office right away. Collect calls will be accepted. Language interpretation may be available. Thank you for your cooperation.

Income Maintenance Worker