

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Division of Social Services**

**IMPORTANT NOTICE FOR SEMI-ANNUAL REPORTING HOUSEHOLDS**

Case Number

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_

A new change reporting rule applies because your family receives income. If your food stamp household's total gross income goes up and is more than the amount listed in the chart below you must report the change by the 10<sup>th</sup> day of the month following the month the income increases.

**GROSS INCOME LIMITS: (This is the amount before taxes and deductions are taken out). Remember to add all income – wages, child support, UIB, Social Security, SSI, etc.**

**Number of Household Members:**

1	2	3	4	5	6	7	8	9	10
\$960	\$1294	\$1628	\$1961	\$2295	\$2629	\$2962	\$3296	\$3630	\$3964

Note: If there are more than ten (10) household members, add \$334 to \$3964 for each one.

You must only report when your food stamp household's income is more than the amount listed for the number of people on your food stamp case. If your food stamp household's income is more than the amount in the chart your food stamp case will close. **Call your caseworker if you have questions or need assistance.**

You are not required to report any other changes.

If you report a change that will make your benefits increase, your worker will make the change.

If you report a change that will make your benefits decrease, your worker will not make the change until your certification period ends.

Report the changes by calling us at: \_\_\_\_\_. Someone who knows about the change may report it for you if you are unable to do so.

If you do not tell the truth about changes in your household, you may have to pay back the Food Stamp benefits you receive. You may also be disqualified from receiving food stamps for 12 months, 24 months, or permanently, and be fined, imprisoned, or both.