



This form is for an applicant, recipient or household member to notify the Department of Financial Assistance about a change in circumstance within the household.

A change in circumstance is anything which could affect a household's eligibility or receipt of financial assistance, whether temporary or permanent. Where proof of the change of circumstance is available, it must be submitted with this form.

Application ID			FAS II	D		
Name of Household M	ember					
First Name		Middle Name			Last Name	
Date of Birth of Household Member		dd/mm/yyyy				
Physical Address of Household Member		House#		Street Name		
Apt#		Bldg Name		Ne	eighbourhood	
Select your District	Bodden Town	🗌 West E	lay	East End	George Town	
	North Side	🗌 Cayma	in Brac	🗌 Little Cayma	In	
Which of the following change in circumstances are you reporting to the Department?						
Change in address of household			Change in address of household member			
Change in household membership and composition			Travel outside the Cayman Islands			
Change in household income			Change in household savings			
Change in household expenses			Change in household assets			
Change in househol	d liabilities					
Other:						

## Provide additional details about the change in circumstance below:

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\_\_\_\_, confirm that the information provided above is accurate and ١, truthful to the best of my knowledge.

Signature

Date

If this form is being completed by the authorized representative for the applicant/recipient, the below needs to be completed.

\_\_\_\_\_ (representative), confirm that the information provided above is l, \_\_\_\_ accurate and truthful to the best of my knowledge.

Signature

Date

Note: Per section 28 of the Financial Assistance Act - "A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both."

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.

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