



2117 Campus Drive SE, Suite 300
Rochester, MN 55904

Housing and Redevelopment Authority

Phone: 507-328-7150 • Fax 507-328-7959
Hearing Impaired-Minnesota Relay: 7-1-1

Change Request or Document Drop-Off

HCV Worker: _____ **Public Housing Worker:** _____

I am dropping off paperwork requested by my worker – Complete Section 1

- or -

I am reporting a change – Complete both Sections 1 & 2

Section 1 - Tenant Information

Head of Household: _____ Head of Household's SSN: _____

E-Mail Address: _____ Phone Number: _____

Unit Address: _____

Information Regarding Reporting Changes

- **What to report and when:**
Note: reporting requirements vary depending on the program. Please see the the program plan or guide that is applicable for your household for complete reporting requirements.
 - Family member moved out - report within 10 business days of the move-out
 - Child added due to birth, adoption, or court-awarded custody - report within 10 business days of the addition.
 - Increases and decreases in household income - report within 30 calendar days of the increase.
 - Adding other new family member - prior approval before move-in must be obtained.
- **Acceptable methods of reporting are:**
 - Completing and returning this form;
 - Sending an email to your Worker detailing the change(s) or
 - Submitting a Change Request using your RentCafe online portal
- **See page 2 of this form for the list of documents that are REQUIRED to be submitted with this change form.**

Section 2 - Please list your change and details regarding the change:

Complete applicable section(s) below: _____ Effective date of change: _____

My household's income increased (list type and source of income): _____

My household's income decreased (list type and source of income): _____

A member of my household moved out (list name of member): _____

I am requesting to add a new member to my household (list name and age of individual): _____

Remember to attach documentation of your change! Please see back for instructions.

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the Olmsted County Housing and Redevelopment Authority may verify the statements herein, and I have no objections to such inquiries.

WARNING! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household _____ Date _____

IMPORTANT: All household changes must be reported in writing in a timely manner. All supporting documentation must be attached to this page in order for the change to be processed. If you do not provide information in a timely manner, you may be required to repay any overpaid assistance. It may also delay reduction in your rent portion.

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS CHANGE FORM IN ORDER FOR THE CHANGE TO BE PROCESSED. PLEASE SEE BELOW FOR THE DOCUMENTATION THAT IS NEEDED.

Removing a household member: (For Adults) Provide a copy of the person's new lease or a piece of mail showing the person's new address. (For Minors) Provide a copy of any documentation verifying this change such as a court order or custody decree.

Adding a household member: Provide a copy of the person's: Social Security Card; documentation of their eligible immigration status if applicable (ex. Green Card, Permanent Resident Card, I-94); when an adult, an unexpired valid photo ID (Driver's License, U.S. Passport, or a State ID); when a child, a birth certificate.

You must have PRE-APPROVAL from the HRA and your landlord to add someone to your household.

Birth/Adoption of a Child: Provide a copy of the child's birth certificate and social security card.

Increase in Wages: Provide 2 recent and consecutive pay stubs or employment letter with hourly wage, and hours worked per week.

Decrease in Wages: Provide 2 recent and consecutive pay stubs or employment letter with hourly wage, and hours worked per week.

New Job: Provide an employment letter stating the start date, hourly wage, and hours worked per week.

No longer employed: Provide a separation notice stating the termination date. If you are eligible for unemployment benefits, provide a printout of your weekly unemployment benefits.

Zero Income: If you do not receive wages, cash assistance, or unemployment benefits, provide a completed Zero Income Form (located on the housing rack or on our website).

Change in Student Status: Provide a copy of the most current class schedule.

You may visit the following websites for proof of income:

Social Security: <https://www.ssa.gov/myaccount/>

Unemployment: <http://www.uimn.org/>