

**Dakota County CDA**  
**Housing Choice Voucher Change Reporting Form**

Family ID#: \_\_\_\_\_

**IMPORTANT:** All household changes must be reported in writing within 10 days of the change. If you do not provide information in a timely manner, you may be required to repay any overpaid assistance or it may delay reduction in your rent portion. To report a change, please complete this form and return it to: **Dakota County CDA, 1228 Town Centre Drive, Eagan, MN 55123 or fax to 651-675-4444.**

**HOUSEHOLD INFORMATION**

Please Check a box: <input type="checkbox"/> I am a Section 8 Participant <input type="checkbox"/> I am on the Section 8 Waiting List    Application # _____			
Head of Household Name		Social Security Number	
Address	City	State	Zip Code
Home Phone Number		Work/Cell Phone Number	
<input type="checkbox"/> I am reporting an address change			
Old Address	City	State	Zip Code

**INCOME CHANGES (CHECK ANY THAT APPLY)**

<input type="checkbox"/> Wages <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Employer Name	New Income Amount \$ _____ per week/month
	Address	
<b>If you are reporting a loss in wages, you must identify a source of replacement income by selecting one of the following:</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Other: _____		
<input type="checkbox"/> MFIP <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month	
<input type="checkbox"/> Child Support <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month	
<input type="checkbox"/> Child Care Costs <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Provider Name	New Expense Amount \$ _____ per week/month
	Address	
<input type="checkbox"/> Other Income Change	Please explain the change:	

**FAMILY COMPOSITION CHANGES (CHECK ANY THAT APPLY)**

If more than one person is moving in or out of the unit, please attach the information asked for below on a separate sheet of paper.

<input type="checkbox"/> Household Member Moved Out	Name	Move-Out Date	
	Moved to		
<input type="checkbox"/> Birth or Adoption of a Child	Name	Date of Birth	Social Security Number
<input type="checkbox"/> Additional Adult	<b>You must have PRE-APPROVAL from the CDA and your landlord to add someone to your household.</b>		
	Name	Date of Birth	Social Security Number
	Relationship to Head of Household		Date of Move-in

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for denial of my application or termination of my housing assistance.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_