

Housing Choice Voucher

Family ID # _____

Change Reporting Form • Dakota County CDA •

To report a change, complete this form and return it to:

Dakota County CDA, 1228 Town Centre Drive, Eagan, MN 55123 or fax to: 651-675-4444.

IMPORTANT: All household changes must be reported in writing within 30 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.

Please Check a Box: I am a Voucher Participant I am on the Voucher Waiting List – Application # _____

HOUSEHOLD INFORMATION

Head of Household Name	Social Security Number
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I am reporting an: Address change Phone number change

Old Address	City	State	Zip Code
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New Address	City	State	Zip Code
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New Home Phone Number:	New Work/Cell Phone Number:
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INCOME CHANGES (CHECK ANY THAT APPLY)

Income Examples: Wages, Child Support, Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest Income on Assets, Babysitting, Alimony, Annuities, Dividends, Income from Rental Property, etc.

<input type="checkbox"/> Wages <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New Job	Employer Name	New Income Amount \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month	
	Address	Phone Number	
	If you are reporting a loss in wages, you must identify a source of replacement income by selecting one of the following: <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 <input type="checkbox"/> week <input type="checkbox"/> month	
	Address	Phone Number	
<input type="checkbox"/> Other Income Changes	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 attached the information requested below on a separate sheet of paper. Please note that no one can reside in the assisted unit prior to CDA approval.

<input type="checkbox"/> Remove from Household	Name	Move-Out Date	
	Moved to		
<input type="checkbox"/> Birth or Adoption of a Child	Name & Gender (M/F)	Social Security #	Date of Birth
<input type="checkbox"/> Add to Household Additional Adult	You must have PRE-APPROVAL from the CDA and your landlord to add someone to your household		
	Name & Gender (M/F)	Social Security #	Date of Birth
	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 lease.

Head of Household Signature: _____ Date: _____