

Housing Choice Voucher Program Change Form

Application #



To report a changes to your household information, composition and/or income, complete this form and return it to: Dakota County CDA, Attn: Housing Assistance, 1228 Town Centre Drive, Eagan, MN 55123 or fax it to 651-287-8063

IMPORTANT: All household changes must be reported <u>in writing</u> 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. It may also delay reduction in your rent portion or could result in your name being removed from the waiting list.

Please check a box: **I** am a Voucher Participant

Family ID# _____

□ I am on the Voucher Waiting List

HEAD OF HOUSEHOLD INFORMATION

Make any changes to your address or phone number.

First Name	Middle Name		Last Name		
Phone Number			Social Security Number		
Current/Old Address		Apt #	City	State	Zip Code
I am reporting an address change				•	
New Address		Apt #	City	State	Zip Code

CHANGES TO HOUSEHOLD COMPOSITION

List any changes to the members of your household that live with you. Check any that apply. If more than one person is moving in or out of the unit, please attach the information requested below on a separate sheet of paper. **Please note:** no one can reside in the assisted unit prior to CDA approval.

Remove from Household	Name		Move-out Date		
	Moved to				
Birth/Adoption of a Child	Name				
	Social Security #	Birth Date & Age	Gender (M/F)		
Add Additional Person to	You must have PRE-APPROVAL from the CDA and your landlord to add someone to your household.				
Household	Name	Relation to Head of Household			
	Social Security #	Birth Date & Age	Gender (M/F)		
Add Additional Person to	You must have PRE-APPROVAL from the CDA and your landlord to add someone to your household.				
Household	Name	Relation to Head of Household			
	Social Security #	Birth Date & Age	Gender (M/F)		

CHANGES TO HOUSEHOLD INCOME or STUDENT STATUS

List any changes to your household income. Include all income sources.

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

Wages	Employer Name				Phone Number	
Increase						
Decrease	Address					
New Job						
No longer employed*	New Income Amount	How o	often			
*Provide supporting	\$	per	Week	Month		
documentation (ie. separation letter or termination notice.)	If you are reporting a loss in wages, you must identify a source of replacement income by selecting one of the following:					
	Unemployment	D MFIP (Welfare)	Looking for \	Work D Other:_	
	New Income Amount	How o	often			
Increase	\$	per	Week	Month		
Decrease	Ψ	F				
Child Support	New Income Amount	How o	often			
Increase	\$	per	Week	Month		
Decrease	•					
Child Care Costs	Provider Name				Phone Number	
□ Increase						
Decrease	Address					
	New Expense Amount	How o				
	\$	per	Week	Month		
Student Status	Name of School				Date of Enrollment	Full time
(Head, Spouse or Co-Head)						Part time
	Address					□ No longer
						enrolled in
	Plassa avalain the chang	0.				school
Other Income Changes	Please explain the chang	е.				

APPLICANT CERTIFICATION

I certify that the information given 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. I also understand that changes in my student status, address and employment could impact my status on the waiting list.

Head of Household Signature:	

If you need help completing this form, call 651-675-4534.

Date: