

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: