



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 651-287-8068**

**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. 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 Application # \_\_\_\_\_

## 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
<input type="checkbox"/> 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.

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

<input type="checkbox"/> <b>Wages</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New Job <input type="checkbox"/> No longer employed* <i>*Provide supporting documentation (ie. separation letter or termination notice.)</i>	Employer Name		Phone Number
	Address		
	New Income Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
	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"/> <b>MFIP</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> <b>Child Support</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> <b>Child Care Costs</b>  <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Provider Name		Phone Number
	Address		
	New Expense Amount \$	How often per	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> <b>Student Status</b>  (Head, Spouse or Co-Head)	Name of School		Date of Enrollment
	Address		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No longer enrolled in school			
<input type="checkbox"/> <b>Other Income Changes</b>	Please explain the change:		

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

If you need help completing this form, call 651-675-4559.