

Red Wing HRA Change Reporting Form

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: **Red Wing HRA, 428 West 5th St., Red Wing, MN 55066** or fax to **651-385-0551**.

HOUSEHOLD INFORMATION

Please Check a box:			
<input type="checkbox"/> Section 8 Participant	<input type="checkbox"/> Jordan Towers Resident	<input type="checkbox"/> Family Public Housing	<input type="checkbox"/> Waiting List Applicant
Head of Household Name		Social Security Number	
Address	City	State	Zip Code
Home Phone Number		Work/Cell Phone Number	

I am reporting an address change

Old Address	City	State	Zip Code
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Please fill out the appropriate box below as to the change being reported.

INCOME and EXPENSE 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	
	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"/> GA/ MFIP (Welfare) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Other: _____		
<input type="checkbox"/> GA/ MFIP <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month	
	New Income Amount: \$ _____ per month	
<input type="checkbox"/> Child Support <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount: \$ _____ per month	
	New Income Amount: \$ _____ per month	
	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	
	Phone Number	
<input type="checkbox"/> Medical Costs <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Provider Name	New Expense Amount \$ _____ per week/month
	Address	
	Phone Number	
<input type="checkbox"/> Other 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
	You must have PRE-APPROVAL from the HRA and your landlord to add someone to your household.		
<input type="checkbox"/> Additional Adult	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:** _____