

CITY OF OWATONNA HOUSING & REDEVELOPMENT AUTHORITY

CHANGE(S) ONLY Notification Form

ANY CHANGE(S) MUST BE SUBMITTED IN WRITING WITHIN 10 DAYS OF YOUR CHANGE

SUPPORTING PAPERWORK FOR YOUR CHANGE IS REQUIRED

Head of Household Name:	Head of Household Social Security Number:
Address:	Email:
Home Phone Number:	Cell/Backup Number:

JOB / INCOME

MUST provide copies of 8 weeks paystubs or letters of employment, layoff letter, etc. for all income sources.	Household Member Name:	Employer Name AND Phone Number:	Choose <u>ONE</u> Job type: Current New Old
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FOOD/MFIP/DWP

MUST provide a copy of your benefit letter.	How much money / month: \$ _____	Benefit Type Cash, Food or Other (Specify)
	\$ _____	Benefit Type Cash, Food or Other (Specify)

CHILD SUPPORT

MUST provide last 12 months of child support history.	How much money / month: \$ _____	Who pays your child support?
		Name: _____ Address: _____

OTHER INCOME

<ul style="list-style-type: none"> • Social Security • Unemployment • Workers' Comp. • Retirement • Other Income MUST provide a copy of document or award letter.	Household Member Name:	Other Income/Money Source:
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CHILD CARE COSTS

MUST provide a copy of the benefit letter.	Name of Child Care Provider, address & phone #:	Your cost: \$
		Choose One: Weekly Monthly

HEAD OF HOUSEHOLD MUST SIGN & DATE ON THE BACK OF THIS FORM



MOVING OUT	Household Member Full Name:		Move-Out Date: Month/Day/Year
	New Address:		
	MUST provide written paperwork from your landlord verifying who moved out.		
BIRTH OR ADOPTION	Child's Full Name:	Date of Birth:	Full Social Security Number:
	MUST provide a copy of the child's Birth Certificate and Social Security Card.		
MOVING IN (other than birth or adoption)	Household Member Full Name:	Date of Birth:	Full Social Security Number:
	Relationship to Head of Household:		Move-In Date: Month/Day/Year
	MUST provide a copy of Social Security card, US ID, or I-94 card, and Landlord approval letter.		
	THIS PERSON CANNOT LIVE WITH YOU UNTIL YOU RECEIVE APPROVAL BY OWATONNA HRA		

<u>ADDITIONAL INFORMATION: MUST BE DETAILED</u>			

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I also understand that if I include any false information it is punishable under Federal and State law and is grounds for termination of my housing assistance.

Head of Household Signature: _____ **Date:** _____

WEBSITE REFERENCES:

Child Support: www.childsupport.dhs.state.mn.us
Social Security benefits: www.socialsecurity.gov/myaccount/
Unemployment benefits: www.uimn.org