

HRA Of Douglas County
1224 North Nokomis, PO Box 965
Alexandria, MN 56308
Phone: (320)762-3849 FAX: (320)762-3034

FAMILY INCOME CHANGE

The purpose of this form is to report changes in household income. Please complete this form and return it to your **Occupancy Specialist**.

Attn: _____ (Occupancy Specialist)

Head of Household: _____

SSN: _____ Phone #: _____

Address: _____

Instructions: ONLY complete the sections that are necessary to tell DCHRA how your household income has changed. Please provide copies of documentation to verify the change you are reporting (i.e. letter of hire or termination, pay stubs, benefit letter, etc.)

I am reporting income changes for this family member: _____

Type of Change: ___ Increased Income ___ Decreased Income

Effective date of change: _____

Source of income (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Started Working | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Stopped Working | <input type="checkbox"/> MFIP | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Wage Increase | <input type="checkbox"/> Pension | <input type="checkbox"/> Assets |
| <input type="checkbox"/> Change of Employment | <input type="checkbox"/> Self-employment | <input type="checkbox"/> Other: _____ |

Comments: _____

Warning: It is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can result in termination of rental assistance and will not allow you to receive assistance with in 5 year of incident.

I declare, under penalty of perjury under the laws of the United States of America and the State of Minnesota, that the information above is true, correct, and complete.

Head of Household Signature

Date