

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

HOUSEHOLD COMPOSITION CHANGE

The purpose of this form is to request changes in household members moving in and out of the unit. Please complete this form and return it to your Occupancy Specialist. You will be notified if an appointment is required. New household members may not move in to the assisted unit until you receive written approval from the Douglas County Housing & Redevelopment Authority (DCHRA).

Attn: _____ (Occupancy Specialist)

Head of Household: _____

SSN: _____ Phone #: _____

Address: _____

Instructions: ONLY complete the sections necessary to tell DCHRA how your household member(s) have changed. Please submit copies of supporting documents (i.e. Birth Certificate, Crib Card, Picture ID, SS Card, and consent statement from your property owner/manager).

___ REQUEST TO ADD A HOUSEHOLD MEMBER

Proposed date of move-in: _____ Relationship: _____

Name of new family member: _____ ___ Male ___ Female

Date of birth: _____ Age: _____ SS#: _____

Reason for request to add:

___ REQUEST TO REMOVE A HOUSEHOLD MEMBER

Household member to be removed: _____ Effective move out date: _____

Reason for request to remove: _____

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