

INCOME CHANGE REQUEST

Head of Household Name: _____ Phone: _____

Address: _____

INSTRUCTIONS: To request an adjustment, you must complete this form and return it with the supporting documentation immediately after the date of the income change*. See the other side of this form for the list of documents required.

*DATE OF INCOME CHANGE: Month_____ Day_____ Year_____			
INCOME CHANGES – CHECK ANY THAT APPLY			
<input type="checkbox"/> Wages <small>Increase is for a new job or job position change Decrease is for decrease in pay or loss of job</small>	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-month
	Company Name <input type="checkbox"/> NEW JOB <input type="checkbox"/> STOP WORK	Company Phone	
	IF YOU ARE ADDING A NEW JOB, IS THIS A 2ND JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you are reporting a loss in wages, you must identify a source of replacement income:</small> <input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for work <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> MFIP/GA/MSA CASH ASSISTANCE	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Child Support	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Social Security	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Other	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
Please explain:			

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 termination of my housing assistance.

X _____
Head of Household Signature
Date





422 Belgrade Avenue, Suite 102
 North Mankato, MN 56003
 Telephone: 507-345-1977
 FAX: 507-345-5908
 Website: www.scmmchra.org

INCOME CHANGE REQUEST

Required Documents

**You must attach applicable documents to ensure the HRA can process your request.
 All Documentation needs to have a name and date.**

Type of Income Change	Required Documents
New Job(s)	Letter on employer's letterhead that includes hire date, rate of pay, hours worked per pay period OR 3 pay stubs of wage verification
Lost job	Letter on employer's letterhead stating the stop work date Unemployment award letter or unemployment denial letter
Change in MFIP/GA/MSA Cash Assistance	Benefit statement
Change in Child Support	4 months of Benefit Payment History
Social Security	Award letter or Benefit Statement

IMPORTANT NOTE: A decrease request received by end of business day on the 15th of the month will be effective on the first day of the month following the month in which the change was requested. The change will only go into effect if all required documentation is received by the last 5 business days of the month the change was requested in. Changes requests received after the 15th of the month will be processed the first day of the 2nd month.

For Office Use Only: