



2117 Campus Drive SE • Suite 300
Rochester, Minnesota 555904

Change Request/Drop Off Request

HCV Worker _____ Public Housing Worker _____

- I am dropping off paperwork requested by my worker – Complete Section 1.
- I am reporting a change – Check one of the options below and complete Section 1 & 2:
 - Income Household Composition Both

Section 1 - Tenant Information

Head of Household: _____ Head of Household's SSN: _____

Address: _____ Phone Number: _____

E-Mail Address: _____

Information Required for a Change

- All changes in household income and composition must be reported in writing within 30 days of the change. You will be required to provide proof of the change.
- **Please attach proof of the change to this form. Failure to provide proof of your change may result in a delay in processing.**

Section 2 - Please list your change: (i.e. add/remove household member; add/remove income)

Remember to attach documentation of your change! Please see back for instructions.

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the Olmsted County Housing and Redevelopment Authority may verify the statements herein, and I have no objections to such inquiries.

WARNING! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household

Date

IMPORTANT: All household changes must be reported in writing in a timely manner. All supporting documentation must be attached to this page in order for the change to be processed . If you do not provide information in a timely manner, you may be required to repay any overpaid assistance. It may also delay reduction in your rent portion.

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS CHANGE FORM IN ORDER FOR THE CHANGE TO BE PROCESSED. PLEASE SEE BELOW FOR THE DOCUMENTATION THAT IS NEEDED.

Removing a household member: Provide a copy of the person's new lease or a piece of mail showing the person's new address.

Adding a household member: Provide a copy of the person's identification - Certification of Birth, Naturalization Papers, Valid Driver's License, Department of Motor Vehicle Identification Card, U.S. Passport, Employer Identification Card, Social Security Card, U-551, I-94, I-688. **You must have PRE-APPROVAL from the HRA and your landlord to add someone to your household.**

Birth/Adoption of a Child: Provide a copy of the child's birth certificate and social security card.

Increase in Wages: Provide 8 weeks of consecutive pay stubs or employment letter with hourly wage, and hours worked per week.

Decrease in Wages: Provide 8 weeks of consecutive pay stubs or employment letter with hourly wage, and hours worked per week.

New Job: Provide an employment letter stating the start date, hourly wage, and hours worked per week.

No longer employed: Provide a separation notice stating the termination date. If you are eligible for unemployment benefits, provide a printout of your weekly unemployment benefits.

Zero Income: If you do not receive wages, cash assistance, or unemployment benefits, provide a completed zero income form (located on the housing rack).

Change in Student Status: Provide a copy of the most current class schedule.

You may visit the following websites for proof of income:

Social Security: <https://www.ssa.gov/myaccount/>

Unemployment: <http://www.uimn.org/>

OFFICE USE ONLY:



ZERO INCOME CERTIFICATION

Name: _____

I hereby certify that I receive no earned or unearned income at this time from any source.

Please check Yes if you receive income and No if you do not have income from the following sources listed below.

- | <u>YES</u> | <u>NO</u> | <u>SOURCE OF INCOME</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is your income zero? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you applied for or are you receiving earned income from a job? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own a business or are you self-employed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving rental income from real estate that you own? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you applied for or are you receiving Social Security, SSI, annuities, insurance payments, retirement funds, pensions, disability or death benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you applied for or are you receiving unemployment or worker's compensation payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you applied for or are you receiving welfare payments such as MFIP, GA, or MSA? (this does NOT include food stamps) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you filed for or are you receiving financial support from alimony or child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone who does not live with you help pay for any of your living expenses or food? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone who does not live with you give you cash? |

I understand that I must report any changes in my income whether the income is earned or unearned to the OCHRA within **30 working days** of learning of the change.

I further understand that I must provide the OCHRA information about my income every **90 days**.

Failure to comply with this Zero Income statement can lead to a repayment agreement or termination from rental assistance.

Signature: _____

Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Employment Verification

To be completed by employer and returned via fax or email

Fax: 507-328-7959 Email: olmstedhra@co.olmsted.mn.us

EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:	SOCIAL SECURITY NUMBER:
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EMPLOYMENT PERIOD:	START DATE/EXPECTED START:	DATE ENDED/EXPECTED END:	IF ENDED, DATE LAST PAID
	REASON ENDED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXPLAIN:	GROSS AMOUNT

PAY RATE:

\$ _____/HOUR IF PER ACRE, # OF ACRES ANTICIPATED: _____

\$ _____/DAY DOES THIS RATE DEPEND ON THE TYPE OF WORK PERFORMED? YES NO

\$ _____/ACRE IF YES, EXPLAIN: _____

\$ _____/OTHER Explain: _____

INCOME RECEIVED/EXPECTED: PROVIDE INFORMATION FOR THESE MONTHS: _____, _____, _____

WHAT WAS THE DATE THE FIRST PAYCHECK WAS RECEIVED? _____

EMPLOYMENT IS: <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	AVERAGE # HOURS PER PAY PERIOD: _____	HOW OFTEN PAID: <input type="checkbox"/> EACH WEEK <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> ONCE A MONTH <input type="checkbox"/> END OF JOB <input type="checkbox"/> OTHER _____
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Medical Insurance:

DOES THE EMPLOYEE HAVE MEDICAL INSURANCE THROUGH YOUR COMPANY? YES NO

IS MEDICAL INSURANCE AVAILABLE THROUGH YOU OR YOUR COMPANY? YES NO

IF YES, WHAT IS THE EMPLOYEE COST: \$ _____ PER _____ (PERIOD OF COVERAGE)

SIGNATURE OF EMPLOYER:

I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT THIS FORM IS NOT A CONTRACT FOR SERVICES.

EMPLOYER SIGNATURE:	COMPANY/BUSINESS NAME:	
FEIN:	PHONE NUMBER:	DATE: