



## Household Change Form

Head of Household		SS #	XXX-XX-_____
Address		Apt #	
City, State, Zip			
Phone Number			

If any person is added to or removed from your household, you must report this change within 10 business days from the effective date of the change. If adding an adult, an appointment will be scheduled in addition to returning this form.

Documents needed to add a household member	Documents needed to remove a household member
Social Security Card Citizenship/Evidence of immigration Status Birth Certificate Photo ID for Adults Income and Asset Documentation	Proof of new residence address for member being removed (Lease agreement, Drivers License, Utility bills, etc.)

I am requesting to:		<input type="checkbox"/> Add a Household Member	<input type="checkbox"/> Remove a Household Member
Name of Household member:			
Move in/out date:			
SS #	XXX-XX-		
Birth Date		Relationship to Head of Household:	

**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. to any matter within its jurisdiction.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

I/We certify that all the information given to the St. Cloud HRA on composition, income, family assets, expenses allowance/deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information provided are punishable under Federal and State law. I/We understand that false statement or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
New Adult Household Member Signature

\_\_\_\_\_  
Date

A person with a disability may request reasonable accommodation at any time during the application process, participation in a program and/or during the grievance procedures.

1225 West St. Germain Street - St. Cloud MN 56301

TTY/Phone: (320) 252-0880 - Fax: (320) 252-0889

[www.stcloudhra.com](http://www.stcloudhra.com)

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