



Income Change Form

Head of Household		SS #	XXX-XX-_____
Name of Household Member with change			
Address		Apt #	
City, State, Zip			
Phone Number			
Type of Income Change: (Check all that apply)			
Decrease in Income		Increase in Income	
<input type="checkbox"/>	Employment Ended (Lost job/Laid off)	<input type="checkbox"/>	Employment Started
<input type="checkbox"/>	Less Income (Hours Decreased)	<input type="checkbox"/>	More Income (More hours, increase in pay)
<input type="checkbox"/>	Lost/Decreased Cash Assistance/Benefits	<input type="checkbox"/>	Began/Increased Cash Assistance/Benefits
<input type="checkbox"/>	Child /Family Support Decrease	<input type="checkbox"/>	Child/Family Support Increase
<input type="checkbox"/>	Other (Explain) _____	<input type="checkbox"/>	Other (Explain) _____
Attach documentation of reported change, see examples on page 2 of this form.			
Effective Date of the Change:			
Note - Please provide any additional information regarding this reported change:			

I do hereby swear and attest that all of the listed information is true, complete and correct. There have been no **other** changes to my family composition (who is in the household) or income.

Head of Household Signature

Date

Income decreases reported in writing AND verified by the family by the 21st of the month will be effective the 1st of the following month.

Warning - Title 18 Section 1001 of the United States Code states that any person would be guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

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www.stcloudhra.com

Equal Opportunity Housing and Equal Opportunity Employment

EXAMPLES INCLUDE BUT ARE NOT LIMITED TO:

- Social Security or VA Benefit Award letter - (new Benefit or change to existing benefits)
- New Employment - (first 2 paystubs or employer notice/letter of hire indicating rate of pay/hours worked.
- Employment Ended - (letter from employer on letterhead showing termination date)
- Current Employment Change - (last 60 days of paystubs)
- Unemployment - (letter showing weekly amount received)
- Child Support - (last 3 full months of child support received)
- MFIP/TANF/DWP/GA/MSA/Housing Grant - (letter from the county showing the amount you receive or that the benefit has ended)
- **For handicapped, disabled, or elderly households only** (medical expenses, printout of the last 12 months of prescription costs.

All Verifications must be dated within the last 60 days.

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.

The St. Cloud HRA does not have access to The Work Number website, providing this website and/or employer code does not verify an income change, employment start date or termination date.