



INCOME CHANGE FORM

Please use one form for each Household Members Change

Head of Household Name: _____ SS#: _____

Address: _____ Apt#: _____

City, State, Zip: _____

Phone#: _____ Email: _____

Name of Household Member with Change: _____

Type of Income Change: (Check all that Apply)

Employment Started – Employers Name: _____ Start Date: _____

Employment Ended (Lost Job/Laid Off) – Employers Name: _____ End Date: _____

Income Increased (More Hours/Increase in Pay) - Employers Name: _____ Start Date: _____

Income Decreased (Hours Decreased) - Employers Name: _____ Start Date: _____

Cash Assistance/Benefits Increased – County Name: _____ Start Date: _____

Cash Assistance/Benefit Decreased – County Name: _____ Start Date: _____

Child/Family Support Increased – County Name: _____ Start Date: _____

Child/Family Support Decreased – County Name: _____ Start Date: _____

Unemployment - Start Date: _____ End Date: _____

Other: _____ Start/End Date: _____

Is any Adult in the Household a full time Student: Yes No If yes where? _____

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.

EXAMPLES INCLUDE BUT ARE NOT LIMITED TO:

- Social Security of 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/FA/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 the website and/or employer code does not verify an income change, employment start date or termination dates. ***