

422 Belgrade Avenue, Suite 102 North Mankato, MN 56003 Telephone: 507-345-1977 FAX: 507-345-5908

Website: www.scmmchra.org

Household Change Reporting Form

Head of Household:			_	
Address:		Telephone Number:		
HOUSEHOLD CHANGE:	ADD a household member	REMOVE a household member		
ADD: Complete this	section to ADD a household	<u>l member</u>		
Name of new household member:		Social Security #:	_	
Relationship to Head of Household:				
Date of Birth:	Age:			
Disabled?YesNo	o Citizen?YesNo	Race/Ethnicity:		
Student?YesNo	o If yes, attach verification of en	rollment, tuition and financial aid		
Where have they lived in t	he last 12 months?			
Are they a registered sex offender?YesNo Proposed move-in date:				
Check income new househ	old member received in the last 6	0 days. Possible sources of income:		
Wages	MFIP/GA/Public Assistance	Child SupportUnemployment Benefits		
Social Security/SSI	Pension/VA/Retirement	Asset IncomeSelf Employed		
Gift Money		Other/Explain:		
Employer / Agency:				
Employer / Agency:		Namo		
Name:		Name:		
Address:				
Telephone Number:Fax Number:		Telephone Number:		
rax Number		Fax Number:		
The new household memb	ver must provide:			
		Original Social Security Card		
Legal ID/driver's license or ID card Birth Certificate / Proof of Birth / Passport		Citizenship/Evidence of Immigration Status		
Income, Asset and Stud	· · · · · · · · · · · · · · · · · · ·	Lease showing addition of new adult member		
mcome, Asset and State	dent vermeations	ccase showing addition of new addit member		
***NOTICE: New ADUL	<u>r</u> household members must ha	ave approval in writing from HRA and landlord prior to move-i	1.	
REMOVE: Complet	te this section to REMOVE a	household member		
Household member to be	romovod			
Household member to be removed: Effective date of move-out:				
Effective date of move-out				
You must provide proof th	at the household member has bed	en removed from the lease, if they are over the age of 18.		
I declare under penalty of per correct and complete.	jury under the laws of the United Stat	es of America and the State of Minnesota that the information above is true,		
Signature of Head of House	ehold	Date		



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Checklist of Documents to Submit With Your Household Change

Anyone listed as a household member must use the subsidized unit as their primary place of residence. They cannot be a household member in any other household.

All adult household members must have an acceptable criminal background and cannot owe any housing authority money.

All adult household members must be approved by the landlord and the HRA before they can move in.

HOUSEHOLD MEMBER CHANGES

SENSED WEIGHDER CHARGES			
DD someone to the household you must provide:			
□ Social Security Card (original, NOT a copy)			
☐ Citizenship/evidence of immigration status			
Birth Certificate			
Photo ID for all adults			
Copy of the Lease from the landlord approving adding new household member			
Signed HRA Release of Information Form			
Signed HRA Debts Owed and Termination From			
Signed HRA Citizenship Form			
Proof of all income and assets must be provided for the new household member.			
Proof of income and assets (bank accounts) include:			
Pay stubs or letter from employer			
Copy of tax return if self employed			
Letter or print-out from social services, Social Security, or any other agency providing income			
Print-out for child support received or court order documenting child support ordered			
Copies of bank statements including bank account number(s)			
NOTE: A criminal background check will be conducted for all adult household members being added to a			
ehold.			

To **REMOVE** someone from the household:

☐ You must provide a copy of the Lease as proof that adult household members over the age of 18 have been removed from the Lease.