



422 Belgrade Avenue, Suite 102
North Mankato, MN 56003
Telephone: 507-345-1977
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Waiting List Change Form

This form must be completed by the head of household and returned if any changes occur while your name is on the waiting list. Changes may affect your placement on the waiting list.

Head of Household: _____

Address: _____

Telephone Number: _____ Email Address: _____

Residency Preference Change

Place an "X" before the statement that **now** applies.

If you are eligible for a residency preference, YOU MUST PROVIDE PROOF.

Head/co-head of household has permanent housing within HRA's service area.

DEFINITION: applicant must be living in permanent housing in one of the following counties: Martin, Nicollet, Sibley, Waseca or Watonwan. **Permanent housing DOES NOT include shelters, halfway houses or any place that the applicant is living or staying temporarily.**

PROOF: applicant must provide a copy of a current rental lease, current utility bill or driver's license / I.D. card showing the applicants address located in the HRA's service area.

Head/co-head of household works or is hired to work within HRA's service area.

DEFINITION: applicant works or is hired to work in one of the following counties: Martin, Nicollet, Sibley, Waseca or Watonwan.

PROOF: applicant must provide a copy of a current pay stub or a dated letter from the employer stating applicants hire date and current employment status. Proof must show the employers address located in the HRA's service area.

Head/co-head of household is a full-time student at an institution of higher education within HRA's service area.

DEFINITION: applicant must be a full-time student at an institution of higher education in one of the following counties: Martin, Nicollet, Sibley, Waseca or Watonwan.

PROOF: applicant must provide a copy of a current class schedule, showing full-time status, along with a copy of the applicants student I.D. Proof must show the schools address located in the HRA's service area.

Signature of Head of Household

Date

Office Use Only:

Date Received in office: _____

Date Updated: _____

Employee Signoff: _____