



422 Belgrade Avenue, Suite 102, North Mankato, MN 56003 | Phone: 507-345-1977 | Fax: 507-345-5908 | Website: www.scommchra.org

CHANGE OF INCOME REQUEST FORM

Head of Household Name:	Primary Phone Number:
Address:	

INSTRUCTIONS: Complete *only* the sections that are necessary to tell us how your household income has changed. To request an adjustment, you must complete this form and return it with the supporting documentation immediately after the date of the income change. See the other side of this form for the list of documents required.

What Type of Change?

- ☐ I am reporting an **increase** in household income
 ☐ I am reporting a **decrease** in household income

Employment/Wages: Attach pay stubs or a current letter from the employer

Change in Pay or New Employment <i>Increase is for a new job, pay raise, or job position change</i>	Employment Ended <i>Decrease is for a decrease in pay OR loss of job</i>
Household Member _____	Household Member _____
Employer Name _____	Employer Name _____
Employer Phone _____ - _____ - _____	Employer Phone _____ - _____ - _____
Employer E-mail _____	Employer Email _____
Employer Fax _____ - _____ - _____	Employer Fax _____ - _____ - _____
Employer Address _____	Employer Address _____
Effective date of the change ____/____/____	Stop Date ____/____/____
Hourly Pay Rate \$ _____	Replacement Income: Circle all that apply
Hours per week _____	Unemployment MFIP/GA/Cash Assistance (Welfare) Looking for Work Other (specify) _____

Other Income: Check all applicable boxes, write in details, and attach statements

<input type="checkbox"/> Child Support <input type="checkbox"/> Gifts or contributions <input type="checkbox"/> Other: _____	<input type="checkbox"/> Pension or annuity <input type="checkbox"/> MFIP	<input type="checkbox"/> Trust or retirement disbursements <input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> V.A. benefits <input type="checkbox"/> Unemployment benefits
Household Member Name: _____			
Describe Change: _____			
New Amount \$ _____ Weekly Bi-Weekly Monthly Start Date ____/____/____ End Date ____/____/____			

I hereby authorize SCMMCHRA to verify the information provided by me on this form and certify the information provided above is accurate and complete to the best of my knowledge. I understand that providing false information is punishable under Federal and State law and is grounds for termination of my housing assistance. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Signature _____

Date _____



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Required Documents

You must attach applicable documents to ensure the HRA can process your request.

All documentation needs to have a name and date.

Type of Income Change	Required Documents
New Job(s)	Letter on employer's letterhead that includes hire date, rate of pay, hours worked per pay period OR pay stubs from 2 consecutive full pay periods
Loss of Job(s)	Letter on employer's letterhead stating the stop work date. Unemployment award letter or unemployment denial letter.
Change in MFIP/GA/MSA/Cash Assistance	Benefit Statement
Change in Child Support	3 months Benefit Payment History
Social Security	Award letter or Benefit Statement

IMPORTANT NOTE: To have an income change take effect on the 1st of the next month, our office must receive both the income change request form *and* all required documentation by the end of the business day on the 15th. If the form and documentation are received **after the 15th**, the change will take effect on the 1st of the following 2nd month.

Upon request, SCMMCHRA will provide reasonable accommodations to people with disabilities or for those in need of interpretation services so they can participate in our programs. Please contact our office at 507-345-1977.

For Office Use Only:
