

SCOTT COUNTY COMMUNITY DEVELOPMENT AGENCY

323 South Naumkeag Street • Shakopee MN 55379
Tel: (952) 402-9022 • Fax: (952) 496-2852

“Dedicated to Housing & Redevelopment ... Committed to Quality”

William I. Jaffa
Executive Director

PUBLIC HOUSING INCOME AND HOUSEHOLD CHANGE FORM

HEAD OF HOUSEHOLD: _____

Current phone number: _____

TYPE OF CHANGE:

- INCOME CHANGE:**
-
- This change is for (Household member’s name):** _____

Are you reporting an increase or decrease in income? ___ Increase ___ Decrease
**Please submit documentation for verification purposes*

- | | |
|---|---------------------------------------|
| ___ New job* | ___ No longer employed* |
| ___ Changed jobs* | ___ Began receiving unemployment* |
| ___ Began receiving MFIP* | ___ MFIP benefits ended* |
| ___ Began receiving Social Security* | ___ Began receiving Child Support* |
| ___ No longer receiving Social Security/SSI | ___ No longer receiving Child Support |
| ___ Other, Please Explain: _____ | |

If reporting a job change, please complete the information below:

Print Employer’s Name	Full Address and Phone Number	Hourly Wage?	Hours per week?

TURN OVER – SIGNATURE REQUIRED

HOUSEHOLD COMPOSITION CHANGE:

Do you wish to add or remove a member from your household? ___ Add ___ Remove

Briefly explain: _____

Print Full Name	Relationship to You	Date of Birth	Age	Social Security Number

OTHER CHANGES TO REPORT:

Please

Explain: _____

ALL INCOME REPORTED HERE:

List all sources of income at this time:

Household Member	Source of Income	Address of Source	Amount Received/Month

Do you currently pay out of pocket child care expenses? Yes ___ No ___

Amount/week \$ _____ Provider: _____

Date any of the above changes occurred: _____

Print Name

Signature

Date

WARNING: Section 1001 of TITLE 18 of the US Code makes willfully providing false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction a criminal offense.